Clinical Lectures ON MEDICINE.

Delivered at the Middlesex Hospital.

BY CHARLES MURCHISON, M.D., LL.D., F.R.S.,

PHYSICIAN TO THE HOSPITAL, AND LECTURER ON THE PRACTICE OF MEDICINE.

LECTURE III.

I.—LATENT SCARLATINA FOLLOWED BY FATAL URÆMIA.

GENTLEMEN,—The important practical lessons to be learnt from the first case which to-day I bring under your notice will, I trust, be indelibly impressed upon your memory. We have just been witnessing the post-mortem examination of the body of William C——, aged twenty, a French-polisher, who was admitted into the hospital on Sept. 27th, 1869, and who, during life, presented all the symptoms in a typical manner of acute nephritis. About a fortnight before admission dropsical swelling had appeared in his legs, and his friends had noticed a puffy swelling of the face. The urine at the same time became scanty and high-coloured, and during the week prior to admission he had suffered from headache and occasional vomiting. Throughout the fortnight the bowels had not acted except after taking purgative medicine. At the time of admission there was considerable general anasarca; the face was puffy, pasty, and anæmic; but there was no evidence of fluid in the serous cavities. The pulse was 72, and the respiration 16; the physical signs of the heart and lungs were normal; tongue slightly furred; appetite good, but frequent retching of watery fluid; bowels freely open by medicine. Much headache; pupils large; little sleep, but mind clear. No pain nor tenderness in loins. Urine scanty, of sp. gr. 1018; deposited after boiling two-thirds (in volume) of albumen, and contained numerous blood-corpuscles and renal epithelium cells. No desquamation of cuticle.

The proper treatment in any case presenting the symptoms now described is to relieve the kidneys by inducing free action of the skin and of the bowels. Accordingly the patient had a warm bath and afterwards was kept warm in bed; half a drachm of compound jalap powder was given at once, and a draught containing two drachms of liq. acet. ammoniæ and a scruple of acetate of potash was ordered to be taken every four hours. On the following day the patient seemed better; there was moderate perspiration, but the bowels had acted only slightly. A drachm of compound jalap powder was now ordered. Through some negligence on the part of the nurse, this powder was not given; but in the evening the bowels acted twice, and the patient was very improperly permitted on both occasions to traverse the whole length of the ward in going to the watercloset. After this he slept well till five next morning, when he passed some urine less smoky than before, but containing one-half of albumen. Shortly after this the nurse's attention was attracted by his breathing being loud and stertorous, as if he were recovering from a fit. At 5.30 the jalap powder was given, but at 6, and again at 7, he had a fit of violent convulsions, with foaming at the mouth and lividity of the face. He regained consciousness after these fits and complained of intense headache. He had a warm bath after the second fit; but at 8 A.M. he had another fit, and after this he remained in a state of profound stupor and great restlessness, interrupted by a return of the convulsions about every half-hour, until his death, about 7 P.M. The pupils were mostly contracted, but dilated during the convulsions. No urine was passed after 5 A.M., and the breath had a fetid ammoniacal odour, but there was profuse perspiration. A bladder of ice was kept applied to the head, and at my visit at 1 P.M. two drops of croton oil were given by the mouth, and the patient was bled from the arm to 14 oz. For about half an hour after the bleeding there seemed to be a slight improvement; the patient was less restless, his breathing was quieter, and his expression less heavy.

At the autopsy, the blood throughout the body was found to be black and fluid. The spleen was large, weighing 10 oz., and diffluent, like the spleen of typhus. The heart was healthy, and the lungs congested. The peritoneum contained 6 oz. of clear serum, the pericardium 2 oz., and each pleura about 4 oz. The brain presented nothing abnormal beyond considerable congestion and an ounce of clear serum at the base. Both kidneys were much enlarged, weighing together 15 oz.; their surfaces were smooth, and their capsules here and there slightly adherent. The cortex was much hypertrophied and generally pale and opaque, but the pyramids and the Malpighian bodies were intensely congested and dripped with blood on section. The uriniferous tubes were crammed with granular epithelium, and some of them contained extravasated blood. The bladder was empty.

Here, then, we had a typical case of acute nephritis proving fatal by suppression of urine and blood-poisoning. The small quantity of urine voided immediately before the fits had probably been secreted some time before; none was secreted afterwards. The fact, however, that the case was a good illustration of acute nephritis was not the chief reason that induced me to make it the subject of this lecture. It is to the cause of the attack that I wish particularly to direct your attention. Almost all of the cases of acute nephritis which you meet with in practice are referable to one of two causes, viz.: 1, a chill, as from exposure to cold and wet; and, 2, some poison in the blood, and especially that of scarlet fever. With regard to a chill, you must remember that it is only under exceptional circumstances that it excites nephritis. Supposing twenty or thirty persons all exposed to the same cause of chill, nephritis would occur probably in only one; and it would be found that this person was of adult or more advanced life, and that he had either led an intemperate life or had previously given evidence of chronic disease of the kidneys. Our patient, however, was young; he had previously enjoyed good health, and been very steady and temperate. For these reasons, and knowing how unusually prevalent scarlet fever is at this time, one of the first questions I put to the patient was whether he had recently recovered from scarlet fever; but both he and his friends denied all knowledge of his having suffered from it or of his having been exposed to it. It was only on cross-examination that we discovered that a month before admission, or a fortnight before the appearance of the dropsy, the cuticle had peeled off his hands, and that for this he consulted a surgeon, who prescribed an ointment. While this desquamation was going on he felt weak and out of sorts, and he went to Weymouth for four days. On his return his friends observed that he did not seem much the better for his holiday, and he first felt his throat a little sore; *but, prior to the desquamation, he had not had sore-throat nor eruption, and he had not given up work.* It was further ascertained that, while this desquamation was going on, his three younger brothers and sisters were confined to bed for two or three days with sore-throat and fever, and his elder brother, although he had no sore-throat and did not give up work, also felt ill. No eruption was observed in any of the four. In the face of these facts, no one will dispute that the nephritis in our patient was determined by an attack of scarlet fever.

The practical lesson which I wish you to learn from this case is, never to neglect a mild case of scarlet fever. You will constantly be consulted in the case of children who, after a known exposure to scarlet fever, have the symptoms in so mild a form that they are scarcely thought to be ill. The practice is far too common of permitting such patients to be up and to go about as usual; and, indeed, in more developed cases of scarlet fever, the patient is often allowed to leave his bed much too soon. In numberless instances I have known this practice result in nephritis, sometimes terminating fatally by uræmia, or by secondary pericarditis, pleuro-pneumonia, gastro-enteritis, &c.; and at other times ending in chronic, but permanent, degeneration of the kidneys. During the third and beginning of the fourth week of scarlet fever, the urine often contains albumen, and the kidneys are more or less congested. You would be astonished to find how much albumen may sometimes be present, without any dropsy or other symptom of renal disease. But if during this time the transpiration of the skin be checked from any cause, the congestion of the kidney may become converted into nephritis. It is a good rule, therefore, to

keep every patient recovering from scarlet fever in bed or in a warm room for at least three weeks from the commencement of the attack, and not even then to permit a change if desquamation be going on, or if the urine contain albumen. The rule is sometimes difficult to enforce; but the present inconvenience of the practice ought to weigh for little against the possible dangers from its neglect. For nearly ten years this rule has been followed at the London Fever Hospital with this result, that nephritis as a sequel of scarlet fever has, during that time, been almost unknown there, except when it has occurred prior to the patient's admission.

Lastly, the neglect of slight cases of scarlet fever probably contributes much to the spread of the disease. Many observations have satisfied me that the attacks of sore-throat, to which even adults (who may already have had scarlet fever) are liable after much exposure to scarlet fever, may be the means of propagating the disease; and you must bear in mind, what I have so often told you, that the most malignant attack of scarlet fever may be contracted from a person suffering from it in the mildest form. The nature and severity of the attack are determined by the constitution of the recipient rather than by any difference in the quality of the poison.

II.—ACUTE RHEUMATISM WITH CEREBRAL SYMPTOMS, HIGH TEMPERATURE, AND DEATH.

The case which we now proceed to consider, though fortunately rare inasmuch as the attack is usually fatal, is one of great interest in many points of view.

John W——, aged twenty-six, was admitted into the hospital on Sept. 30th, 1869. For seven years he had followed the occupation of a carman, and had thus been exposed to all weathers. He had occasionally complained of rheumatic pains; but he had always enjoyed good health, and had never before had an attack of acute rheumatism, nor had any of his family. He was of sober habits. About a month before admission he began to suffer from frequent and obstinate epistaxis, for the relief of which he was at last obliged to apply at this hospital as an out-patient. He got pale, and felt weak; but, under treatment, the bleeding ceased. Just as he was well of this, on Sept. 20th, he began to suffer from pain in the feet and legs, which, on the 24th, compelled him to keep his bed. After this the pains became very severe, and invaded almost every joint in his body.

On admission the patient was very anæmic, and was in great distress from the pain in his ankles, knees, and hands, which were considerably swollen, especially the knees. There was profuse sweating, of a rheumatic odour. Temperature 102·5°; pulse 84, regular. At base of heart was a systolic murmur, propagated upwards; and over third left costal cartilage both sounds were muffled, but there was no distinct pericardial friction. Tongue furred, white; no appetite; much thirst; bowels open. Urine acid; specific gravity 1030; no albumen. Respiration 26; slight cough; sounds in front of lungs normal; no delirium, and mind clear; but had slept none for several nights owing to the pain. The patient was ordered an alkaline mixture every four hours, and a draught at night containing one-sixth of a grain of morphia. In the early part of the night he was very restless, but afterwards he slept well, and next day felt better. On the night of Oct. 1st the morphia draught was repeated, but the patient scarcely slept; and next day his cough was much worse, and there were dry and moist bronchitic râles all over both lungs. He had still profuse perspiration and severe pain in the ankles, and also now in the back. Poultices were applied to the chest; twelve minims of compound tincture of camphor were added to each dose of the alkaline draught; sherry four ounces. The patient continued to have bad nights, and on Oct. 4th he was much worse. Pulse 112; respiration 40. The bronchitis persisted, and there were also signs of pneumonia over the lower fifth of right lung, and distinct pericardial friction. There was a copious miliary eruption over the skin, and still profuse perspiration. A mixture of ammonia, ether, and ipecacuanha was now ordered; the morphia draught was discontinued, and four ounces of brandy substituted for the sherry. In the ensuing night the patient was again very restless, and had acute delirium, making constant attempts to get out of bed; and on Oct. 5th he was worse. Pulse 112, and weak; pericardial friction louder; respiration slower, but irregular; tongue dry; temperature 103·6°; still profuse sweating, but the pain and swelling had almost disappeared from the joints. The brandy was increased to six ounces. The delirium ceased during the day, but returned towards evening and continued all night. The patient had no sleep, and next day (Oct. 6th) was much worse. Countenance heavy; scarcely conscious; great restlessness; injected conjunctivæ; tongue dry and brown; sordes on teeth; still profuse sweating and copious miliary eruption; no pain in joints; pulse 128, and weaker; respiration 40; pericardial friction still audible, but no evidence of liquid effusion in pericardium or of extension of pneumonia. Urine mainly passed in bed; its specific gravity 1025; loaded with lithates, but no albumen. The temperature at 11 A.M. was 105·2°, and after this rapidly rose till 5.45 P.M., when it was as high as 109·5°. Shortly after this slight muscular twitchings were observed in the limbs and neck, and at 6.5 P.M. the patient died comatose. The temperature was not taken after death.

The body was examined twenty hours after death. Decomposition had already far advanced in every part, and even the lungs were very soft and fetid. The skin over the back and sides of the corpse was of a deep livid hue, and at many places blood-pigment was extravasated into the cutis. The blood everywhere was black and fluid. The lining membrane of the heart and aorta was stained of a claret colour; and the spleen was large (seven ounces) and diffluent. The pericardium contained an ounce and a half of turbid serum, and the surface of the right auricle and of its appendage presented several small granular patches of recent lymph. The valves of the heart were competent and healthy, with the exception of a mass, the size of a hempseed, of granulations very firmly adherent to the corpus Arantii of each aortic valve. Both lungs were intensely congested; the lower lobe of both was coated with a thin layer of recent lymph, and the base of the right lung was in the first stage of pneumonia. The kidneys were large, weighing twelve ounces and a half, and moderately injected, but to the naked eye seemed healthy; the secreting tubes were full of granular epithelium. There was no unusual vascularity of the brain or of its membranes. The brain-substance was firm; the ventricles contained about two drachms of clear serum, and there was half an ounce of similar fluid at the base. Mr. Taylor was good enough to examine this fluid, but could find in it no urea.

The history which I have now detailed is one of a rare termination of acute rheumatism. You will find similar cases recorded in the medical journals of late years; and two cases, also fatal, which occurred in my practice in this hospital are published in the "Clinical Transactions" (vol. i., p. 32). In one of these cases the temperature before death rose to 110·2°. Since the time that Stoll wrote of "rheumatic apoplexy," many physicians have described the cerebral complications of rheumatic fever; and Trousseau, in a clinical lecture, has described six forms of "cerebral rheumatism."* The cases to which I am now referring come under his "delirious form," with regard to which he observes that the delirium has nothing peculiar about it, but resembles that of typhoid fever or variola; with this difference, that it runs a very acute course, and usually terminates in death. But it is only within the last four years that attention has been drawn by Kreuser,† Ringer,‡ Hermann Weber,§ and other writers, to the remarkably high temperature invariably occurring in these cases, which have now assumed a great importance in reference to the pathology of the increased temperature and of cerebral symptoms in the state of pyrexia.

The symptoms and post-mortem appearances in these cases are very constant. The symptoms are: great thirst; anxiety, restlessness, and sleeplessness; profuse perspiration; a copious miliary eruption, the vesicles often resting on an injected base, so as to impart a mottled appearance to the skin, which is sometimes mistaken for the eruption of typhus; cessation (but not always) of the articular pain and swelling; a dry, brown tongue; a great and rapid rise of temperature (to 110° F. or higher) up to the time of death, and even for a short time after; delirium, which is often acute; stupor, coma, and sometimes convulsions. The general condition of the patient is so similar to that of typhus that more than once I have been consulted on the

* Syd. Soc. Transl., vol. i., p. 513.
† Jahresbericht der gesammten Med., von Virchow und Hirsch, 1866, vol. ii., p. 269.
‡ Med. Times and Gaz., 1867, vol. ii., p. 373.
§ Transac. of Clin. Soc., vol. i., p. 21.

supposition that the case was really one of typhus supervening upon acute rheumatism. Cardiac complications are often, but not necessarily, present in these cases; and when present, they are usually comparatively slight. The symptoms referred to usually supervene when the articular affection is at its height, but sometimes they make their first appearance during convalescence. The post-mortem appearances are those of typhus and other blood poisons—viz.: rapid decomposition of the body; black fluid blood; staining of the lining membrane of the heart and large arteries; hypostatic congestion of the lungs; large, soft spleen; and granular degeneration of the heart and voluntary muscles.

Let us now consider what explanations have been offered of these remarkable cerebral symptoms occurring in the course of rheumatic fever.

1. Like the cerebral symptoms of typhus, they were at one time referred to meningitis. The inflammation was supposed to recede from the joints, and the membranes of the brain were said to become affected by what was called "metastasis." But although true meningitis may be an occasional complication of acute rheumatism, it is now known to be extremely rare; and numerous post-mortem examinations leave no doubt that the symptoms in the cases we have been considering are quite independent of any such cause.

2. It has been suggested that they might be due to multiple capillary embolisms derived from endocardial vegetations during the last days of life; but I have seen at least one case in which the endocardium was perfectly free from vegetations, and like results have been obtained by other observers. From certain observations which he has recorded,* Dr. Bastian is of opinion that the delirium and stupor of these cases, and of pyrexia in general, may be due to obstructions of the minute vessels in the grey matter of the brain, independent of endocardial vegetations. With this view the brain of our patient was carefully examined by Dr. Cayley, but no such obstructions could be found.

3. According to Liebermeister, the cerebral symptoms are due to paralysis of the nerve-centres induced by the high temperature of the blood. But the cerebral symptoms in these cases commence at a temperature of body (103°–105°) which, as in many cases of scarlet fever, is quite compatible with a total absence of cerebral symptoms of any sort; and in typhus similar cerebral symptoms are often present when the temperature does not exceed 102°. Moreover, the excessive temperature itself must be due to paralysis, or other serious derangement, of the nerves regulating the production of heat.

4. Still, it appears to me that the high temperature is the real key to the pathology of the cerebral symptoms in these cases, and that these symptoms are produced in the same way as in other forms of pyrexia—as, for example, in typhus, or in an acute local disease like pneumonia. It is now generally admitted that the high temperature in fever is due to a preternatural combustion in the body, and that the result of this is an increased formation of the products of combustion—urea, uric acid, &c. The amount of fever, or the degree of temperature, is in direct proportion to the extent of combustion and the amount of urea &c. formed. It cannot, however, be measured by the quantity of urea and allied products contained in the urine. A portion of these products may be retained in the blood and tissues in consequence of the eliminating power of the kidneys being impaired by congestion or chronic disease, or in consequence of their quantity being in excess of what even healthy kidneys can eliminate. If this now generally accepted view as to the pathology of pyrexia be correct, it is clear that in these cases of cerebral rheumatism there must be a highly exaggerated combustion, and there is every reason to believe that the products of this combustion will be in greater quantity than can be eliminated by even healthy kidneys. If the kidneys be in any way diseased the quantity of the products of combustion retained in the blood and tissues will be all the greater. The cerebral symptoms, then, in acute rheumatism are probably mainly due to non-elimination of the products of combustion from one or other of the causes mentioned. Dr. Sydney Ringer has published a case of acute rheumatism, with fatal cerebral symptoms, in which the quantity of both urine and urea was increased. The patient, a man aged twenty-three, had drunk a very large quantity of water, which would account for the increased amount of urine—viz., 4800 c.c., = 170 oz., in twenty-one hours; but the urea (45·6 grammes = 703 grains) excreted in the same time was also nearly double the normal amount. This case has been quoted as proving that the symptoms are in no way due to the contamination of the blood with the products of blood and tissue metamorphosis which ought to be eliminated by the kidneys. But all that the case proves is, that the quantity of these products was greatly in excess of health; it does not prove that the quantity formed was not still greater, and the difference retained in the body. It is well known that in pyrexia, with a pulse and temperature much under what were noted in Dr. Ringer's case (pulse 186, temp. 109·4° to 110·8°), the quantity of urea excreted in twenty-four hours may exceed 1000, or even 1200 grains. Moreover, the symptoms in these cases of cerebral rheumatism, and the post-mortem appearances, so like to those of typhus, are quite in accordance with the idea of a blood-poison. This view is not contraindicated by the fact that no urea could be detected in the cerebral fluid of our patient. It is not contended that the poison is urea. Indeed, in what is called "uræmia" from Bright's disease of the kidneys it is a matter of dispute whether the poison is actually urea; and it is only the other day that a patient died in my ward with disease of the kidneys and uræmic symptoms, in whose cerebral fluid Mr. Taylor also failed to discover any trace of urea. By uræmia we mean nothing more than the condition of body resulting from insufficient elimination by the kidneys.

* Pathol. Trans., vol. xx., p. 8.

But you will ask, What is it that causes this greatly exaggerated combustion in certain cases of acute rheumatism? I have elsewhere endeavoured to prove to you that the healthy metamorphoses of the blood and tissues and the normal temperature of the body are under the control of the nerves, and particularly of the sympathetic; and that the increased metamorphoses and consequent elevation of temperature of fever are due to the nervous system becoming paralysed by some poison, such as that of typhus, or by some local disease. Acute rheumatism is no exception to the general rule. It is no doubt difficult to account for the different effects of the same exciting cause on different persons; but in most of these cases of cerebral rheumatism you will find that the nervous system has been weakened by exhaustion, by mental shock, or otherwise, prior to the attack. Trousseau says that cerebral symptoms in acute rheumatism are chiefly met with in persons of intemperate habits, or in whose families there is a tendency to insanity. Neither of these causes had been in operation in our patient; but his system had been exhausted by obstinate epistaxis. In another case under my care, the patient had been very destitute, and had no milk to nurse her baby, who died the day before her admission into hospital. Of two cases recently under my care in private practice—one, a mother, immediately before the rheumatic attack, had been subjected to a severe mental shock from the death of her only child; and the other, a young lady of nervous temperament, had also suffered from severe mental emotion. Of the two cases recorded by Dr. Weber—one was a man naturally nervous, who for two years had suffered much anxiety in his business; and the other had been subject to mental anxiety for six months. It would seem, then, that in these cases the nervous system is already weakened in one way or another, and less able to withstand the depressing influence of the rheumatic attack.

The *prognosis* in these cases of cerebral rheumatism is always bad. It is true that many patients with rheumatic fever have disturbed sleep and delirium, and yet do well; but this is not so when the delirium is constant in the daytime as well as at night, and when the temperature is high and is rising rapidly. In these cases death usually occurs within a few days, if not within a few hours, of the commencement of the cerebral symptoms. It may be said that the prognosis is bad in a direct ratio to the elevation of the temperature; and that there is little chance of recovery if this attains to 107° Fahr. I have known one patient recover in whom the temperature rose to 106·5°—a man aged twenty-three, of intemperate habits, who had all the symptoms above described well developed.

The *treatment* recommended by the late Dr. Todd for cerebral symptoms in acute rheumatism is that usually adopted. It consists in the administration of stimulants and opium, and answers well in the slighter cases, where

there is no unusual elevation of temperature. The propriety of giving opium, however, in the cases which we have been considering, is more than questionable. Opiates are no doubt indicated by the anxiety, delirium, and sleeplessness, but they are contraindicated by their proneness to impede the elimination of the abundant products of blood and tissue metamorphosis, and by the natural tendency of the attack to terminate in fatal coma. With this view the morphia draughts ordered on the admission of our patient were discontinued on the advent of serious cerebral symptoms, and no further opiate was given until three hours before death, when, as the patient was obviously dying from the protracted sleeplessness and delirium, we were tempted to give ten minims of Battley's solution of opium, in conjunction with nitrate of potash and nitric ether. My attention had not then been directed to the almost marvellous effect of the hydrate of chloral in procuring sleep in the typhoid state, and to the fact that this power is probably exercised without any of the injurious effects of opium in preventing elimination. I have since used this drug successfully in a case of acute rheumatism with severe cerebral symptoms, and a temperature over 105°; and I have found it a good substitute for opium in milder cases of rheumatism, with delirium and sleeplessness at night. It may be given in half-drachm doses, with syrup, every four hours till sleep; and in cases with much cerebral excitement it may be advantageously combined with an equal dose of bromide of potassium. These remedies, with copious diluents, fluid nourishment, and a moderate allowance of alcohol, seem to me to constitute the most appropriate treatment in these distressing cases. Cold baths and affusions have been recommended, but I have not had the courage to employ them; and I cannot help thinking that in much of what has been said of late with respect to the use of cold baths in the state of pyrexia, an elevated temperature has been regarded as the *cause* of fever rather than its *symptom*. But this is a subject which we must take another opportunity of discussing.

A SUCCESSFUL CASE OF LITHOTOMY IN A PATIENT AGED SIXTY-FIVE.

BY HOLMES COOTE, F.R.C.S.,
SURGEON TO ST. BARTHOLOMEW'S HOSPITAL.

I WAS requested, on April 8th, by my friend Dr. Griffith, of Harley-street, to see a patient, Mr. C——, aged sixty-five, who was suffering from some of the symptoms of stone in the bladder. I found a hale-looking, tolerably spare man, whose aspect bespoke a previous life of activity and temperance. On the introduction of the sound, I at once struck the surface of a calculus, lying, as it seemed, in a pouch or depression behind the prostate gland.

Mr. C—— told me that he had suffered more or less from pain in the bladder for the last four years; and, at last, finding himself becoming worse, he came to town to consult Dr. Griffith as to the best way of obtaining permanent relief. He at first inclined to the operation of lithotrity, but his opinion was shaken when he learnt that more than one sitting would be necessary. Moreover, it happened that he had heard of several deaths after this operation, occurring in the sphere of his immediate acquaintance; and thus, guided by the advice of Dr. Griffith and Mr. Hunter, of Margate, under whose care he had been for some years, he decided in having the stone extracted by the lateral operation.

The operation was performed by me April 12th, at 2.30 P.M. Mr. Clover administered chloroform with his usual skill. My colleague, Mr. Callender, kindly took charge of the staff; and all further assistance was rendered by Dr. Griffith and Mr. Hunter.

But few words are required in describing the different stages of this well-known operation. I used as large a grooved staff as the urethra could conveniently receive. The knife was a modification of that termed "Liston's," the "shoulder" being so broad as just to run safely and readily along the groove of the staff. I do not use a "beaked" knife. The point of the knife, passed deeply from the middle of the wound after the first incision, enters behind the bulb, and into the groove of the staff, and can then be pushed onwards into the bladder without fear of wounding large arteries. This was effected without difficulty. The perineum, however, was so deep that it was impossible to do more than just insert the tip of the finger into the wound of the prostate after the withdrawal of the staff. By means of the forceps, I extracted a fair-sized, compact, lithic-acid calculus, on either side of which were attached masses of more friable lithic-acid and phosphatic material.

The patient was at once removed to bed. The hæmorrhage which ensued being moderate, and for the most part venous, it stopped soon after his resuming the usual recumbent posture.

On the fifth day after the operation the urine passed through the urethra. On the 30th of April, eighteen days after the operation, the wound was closed, and on the 10th of May he left town for his residence by the seaside. In speaking of the operation he said, "I can say nothing about it; I was unconscious during the whole time, and have had no pain either then or since."

I see no reason to alter the opinion which I have long ago expressed relative to the merits of the two operations of lithotrity and lithotomy. The former is suited to cases of small calculi, such as may be crushed in one or two sittings. It is especially well fitted for men of full, gouty habit, and in middle life, in whom such calculi may exist in numbers in the kidneys; but when we extend the sphere of this operation to cases of larger and harder calculi, patients are exposed to many dangers, especially to that of cystitis, and of even more lasting evil,—that of the gradual destruction of the calculus after much suffering, without any relief to the symptoms, owing to changes in the walls of the bladder.

Lithotomy, properly performed, is not in itself so serious an operation as some authors have made it. The last 22 cases performed at St. Bartholomew's Hospital have been without exception successful. In unfortunately fatal cases the cause of death is not hæmorrhage, or very rarely so. I cannot recall a case of death from hæmorrhage at St. Bartholomew's Hospital during the whole period that I have been attached to that institution. Neither is extravasation of urine a common cause of death with good operators. But when the kidneys have become diseased, the patient's power of recovery seems wonderfully diminished; and inflammation of the peritoneum is an event which the surgeon justly holds in dread.

Margaret-street, Cavendish-square, May 12th, 1870.

ON THE

USE OF CHLORIDE OF AMMONIUM IN THE TREATMENT OF SUPPURATIVE HEPATITIS AND CHRONIC AFFECTIONS OF THE LIVER.

BY W. STEWART, M.D.,
SURGEON 2ND BATT. 21ST R.N.F. FUSILIERS.

(*Concluded from page 690.*)

WHEN hepatitis occurs in an individual of good diathesis, and is seen early and met by judicious treatment, the symptoms, local and general, will for the most part gradually disappear, and the patient be restored to health. It is found, however, in actual practice, that in consequence of bad diathesis, advanced stage, or other causes, recovery by resolution does not take place, suppuration occurs, and hepatic abscess is formed. It is of importance to detect this event promptly and without hesitation, and to mark its progress, because it calls for a line of treatment different from that suitable to the antecedent stages.* In the earlier stages the so-called antiphlogistic regimen and treatment are indicated, according to the acuteness and severity of the symptoms, local and general, and the constitution of the patient. Should there be no accompanying dysentery, a mild purgative may be administered at the commencement, with a view of clearing out the primæ viæ and re-

* See Morehead's Researches.

lieving congestion of the portal circulation; afterwards, saline diaphoretics and diuretics, in frequently repeated small doses, should be administered till their action is well established, after which they may be given in larger doses and at longer intervals. I have found solution of acetate of ammonia (three drachms) with tincture of hyoscyamus (five minims), administered every half hour, or every hour, to give most relief—allaying the feverish symptoms and calming the nervous system; while the administration of from half a drachm to a drachm of the latter (tinct. hyosc.) at bedtime, after the repeated small doses during the day, will often have the effect of inducing a little refreshing sleep—a point of great importance in this disease. The local application of ice continued for a considerable period, watching well its effects, or fomentations or bran poultices to the seat of pain in the right hypochondrium, will also act as powerful auxiliaries and give much relief. In some few cases the application of six or eight leeches, when there is much pain and tenderness, and the patient is not reduced, may be necessitated; but, in general, even this amount of local depletion is not required. Strict quiescence in a recumbent position, and restricted diet, unless the state of the constitution clearly forbid, must also be enjoined. The diet should consist of arrowroot, sago, and milk-and-water; barley-water may be taken freely as a drink; and afterwards beef-tea may be allowed.

By a careful adherence to the above system of treatment, in a considerable number of cases, in which the inflammation has not gone beyond the stage of vascular turgescence, or commencing exudation, resolution may be effected. And here it is to be borne in mind that complete restoration of the capillary circulation of the inflamed portion or portions of the liver (for it is rarely that general inflammation exists) is not coincident with the cessation of febrile symptoms and local sense of pain and symptoms referable to the affected part. In fact, recovery must be considered incomplete till several days have elapsed from the cessation of pain and febrile disturbance. During this time the patient must be confined to bed, with strict attention to diet, carefully watched, and any derangement of secretions corrected by gentle means. But the symptoms, instead of being removed, may be only moderated by the above treatment; exudation of plastic lymph may have taken place, degenerating into pus, and terminating in abscess, the deranged state of the capillary circulation in its immediate neighbourhood preventing its removal by absorption. On the other hand, it frequently happens, especially in military practice, that the disease does not come under treatment in the early stages, and not till the peculiar symptoms pointing to abscess, either impending or already formed, are manifested. In either case, the treatment above described as suitable in primary acute hepatitis is no longer indicated. The treatment must now be tonic and restorative; the diet should consist of milk, light puddings, broths, or animal jellies, and wine or other stimulants may be cautiously administered if these do not excite the pulse or produce irritation of the gastro-intestinal surfaces.*

At this period of the disease, when the acute symptoms have been allayed, and suppuration is either threatened or already established, the chloride of ammonium should be administered in doses of twenty grains morning and evening, noting carefully its effects, which are striking and remarkably regular in the order of their occurrence. As a general rule, about fifteen minutes after taking the medicine the patient experiences a sensation of warmth in the epigastrium, which by-and-by extends, pervading the abdomen, and ultimately becomes diffused over the entire cutaneous surface. The nervous system is at the same time exhilarated, sympathetically, and probably also through the circulation, for the patient now feels "light-headed," as he generally expresses it, and at times drowsy. The acute pain previously experienced in the right hypochondrium and along the margins of the lower right ribs, extending, as the case may be, forwards to the epigastrium or backwards to the lumbar region, is either entirely removed, or, in its stead, pain is sometimes referred to a point higher up and towards the base of the axillary region, where before none was complained of. At this stage of the operation of the remedy the patient sometimes falls asleep, relieved of all his distressing symptoms. After the lapse of another quarter of an hour, a free and equable perspiration takes place over the entire surface, which lasts for a period varying from one to two hours, and gradually subsides. In the meantime, the pain, which had shifted from the lower margins of the inferior ribs of the right side, will again manifest itself at or near its original position, or may be referred to one totally different, as the lumbar region, or even the right hip. With the evening dose similar effects will be observed to take place with like regularity and certainty; and with each succeeding one the interval of relief from pyrexia and pain referred to the part affected, as well as sympathetic pains of shoulder, arm, &c. (which latter are at times distressing), will gradually become longer, till at length, in favourable cases, the relief becomes complete and constant.

After several doses of the medicine the urine is much increased in quantity, is limpid, and passed without uneasiness. The increase is chiefly at night, causing the patient to wake suddenly out of his sleep, perhaps three or four times, for the purpose of micturition.

After a few days the appetite is much improved, and the patient craves for more food, which may be given provided it be light, nutritive, and easily digested; but solid food should on no account be permitted, as its ingestion would in all probability provoke a recurrence of all the acute symptoms. During the use of the medicine care must be taken that the patient does not catch cold when perspiring, and when perspiration has ceased the surface should be dried with warm towels, otherwise chills will be experienced.

In no standard work which I have consulted do I find the slightest allusion to the above remarkable train of effects following on the exhibition of chloride of ammonium. In one work it is described as a general stimulant, in another as a diaphoretic and diuretic, while in a third it is merely noted as a laxative. The remarkable diaphoretic and diuretic effects, so constantly following its use in hepatic affections, are nowhere mentioned. The silence of authors on the above points, coupled with the fact that in some cases in which I have known it tried either as an experiment in health or used as a remedy in diseases other than hepatitis, it has either been without appreciable effects, or, if any, these have been but slight and not characteristic, seems to point to the inference that the medicine is not only a specific in certain hepatic affections, but that its peculiar action being manifested in any given obscure case may be considered diagnostic of hepatic disease. The above observations, however, are thrown out as only probable and suggestive of further inquiry.

A remedy which is at once found to possess the several properties of a stimulant of the capillary circulation, general and special, which is, at the same time, a powerful diuretic and diaphoretic, and withal anodyne, cannot but exercise a remarkable influence on the processes of nutrition and absorption, secretion, and excretion. "The secretions of the skin, kidneys, and liver abound in salts; one of these organs may, therefore, become vicarious of another in removing these matters from the system. The researches of Dr. Beale, also, render it probable that in disease certain saline substances are accumulated in large quantity at the seat of disease at the expense of some secretion of which they form a normal constituent." By its marked diuretic effects solely, chloride of ammonium is capable of exercising a powerful influence in relieving the portal circulation, and bringing about a healthy state of the capillary circulation of the liver, thereby causing absorption and elimination of diseased products. In veterinary practice, diuretics are used with excellent effects in combating pulmonary and other internal inflammations, as well as for getting the animal speedily into condition and improving the state of his hide; and it is probable that they are capable of more extensive application than is commonly supposed.

The cases which follow will serve to illustrate the treatment pursued in many others, and, I may add, with equal success. The first is a case of well-marked acute hepatitis; the second, one of suppurative hepatitis; and the third, which serves to illustrate the efficacy of the remedy in chronic hepatitis, is by Dr. W. Alexander, staff assistant-surgeon, doing duty with the 2nd Batt. 21st R.N.B. Fusiliers, and is given verbatim:—

* Chloride of ammonium, being itself a general stimulant, does away with the necessity for the employment of alcoholic stimulants in the considerable quantities otherwise required, and, unlike them, exercises, I believe, a specific therapeutic action on the liver, instead of tending to increase the disease which it is our object to remedy.

CASE 1.—Private A. McK——, who had been upwards of six years in India, and had had an attack of hepatitis in 1865, was admitted on the 18th of September, 1869, complaining of acute pain of the right side, extending from the epigastrium round the margins of lower right ribs to spine, aggravated on the slightest pressure; severe pain of right shoulder, extending down outer side of right upper arm; unable to lie on left side on account of dragging pain in right hypochondrium when in that position. Complains, also, of severe pain, at intervals of some minutes, shooting through temples; burning pain in eyeballs; skin hot; tongue furred (white); pulse frequent. The above symptoms, in a minor degree, had been present for some time previous to admission; evening chills, with cold, clammy sweats, and general pyrexia towards early part of night. Was ordered a tepid bath, with cold applications to head, bran poultice to side, and to have a diaphoretic mixture, with five minims of tincture of hyoscyamus, every two hours.

20th.—Febrile symptoms have subsided; pain in side and shoulder much abated. To have twenty grains of chloride of ammonium, in two ounces of cinnamon-water, morning and evening. Beef-tea diet, and lemonade as a drink.

25th.—Is much better; continue medicine.

28th.—Since the 26th, complete freedom from pain in side and shoulder; cutaneous and renal secretions much increased; appetite improved; can take a deep breath, and lie on left side without pain or uneasiness.

Oct. 2nd.—Discharged, convalescent.*

CASE 2.—Dr. D. B——, nearly two years in India, was admitted on the evening of the 5th of October, 1869. Complained of purging frequently during the day and previous night, also of acute pain over entire surface of abdomen. There was great tenderness over right hypochondrium and abdomen generally, and the slightest pressure of fingers caused great increase of pain. Countenance expressive of suppurative hepatitis, anxious, pale, and bathed with cold perspiration; tongue coated; skin dry, but of natural heat; pulse frequent.

Owing to the great severity of the pain, six leeches were applied to the side, and the patient had a tepid bath, with much relief to the symptoms, local and general. Had one scruple of chloride of ammonium; and in case the purging continued he was ordered mercury pill, 8 grains; Dover's powder, 12 grains; to be divided into four pills, one to be taken every two hours.

Oct. 6th.—After consultation this morning, it was agreed that the case was one of undoubted abscess of the liver, of a severe nature, and in which the prognosis was anything but favourable. Surface was now cold; face and hands bedewed with cold sweat; pulse 92, small and weak; was not purged during the night. To have brandy flip and three pints of beef-tea as nourishment.—1.30 P.M.: Surface still cold; pulse 92. Another brandy flip. To continue bran poultice, and to have 1 scruple of chloride of ammonium.—4 P.M.: Surface warm; pulse 92; perspiring freely; passed a large quantity of high-coloured urine during the day. To repeat the chloride of ammonium.

7th.—Bowels moved five times during the night; motions feculent; passed urine six times during the night; perspired a good deal. Repeat the pills ordered on the 5th, to take one every two hours; beef-tea diet, and four ounces of port wine.

8th.—Pulse 84; feels better; bowels quiet.

11th.—Pain in side much relieved; looks better; bowels regular. Had some sleep during the night; pulse 80. Complains of short dry cough, which commenced yesterday about noon, and continues to be troublesome. Tea diet, two pints of beef-tea, two pints of milk, six ounces of port wine, and barley-water for drink. Continue medicine.

17th.—Since last report has continued pretty much the same, with slight accessions of pain in side, and febrile symptoms from time to time. Last night the pain was very severe; easier this morning. Continue medicine. Apply ice to side.—Evening: Feels the ice agreeable; pain easier; pulse 76.

18th.—Much relieved; slept well last night; appetite good. Continue chloride of ammonium.

27th.—Since last report has continued gradually to improve; appears cheerful this morning; feels and looks much better. Can lie on either side with perfect ease. On taking a deep inspiration, feels a slight catch in breathing. Continue chloride of ammonium.

Nov. 20th.—Since last report, his health and spirits have improved daily; is now able to move about the ward without pain or uneasiness. Fulness of side, which was observed from an early period of the disease, has disappeared, and patient can bear considerable pressure over hepatic region without pain.

Note.—Up to the present time (Dec. 20th) patient has continued in hospital convalescent, and is now taking chloride of ammonium in fifteen-grain doses, twice a day. His appetite is good, and he is gradually gaining strength.

CASE 3.—*Chronic Hepatitis.*—Private D. M——, 2nd batt. 21st Fusiliers, a stout muscular man, of intemperate habits, with ten years' service, six of which have been spent in India, was admitted into the detachment hospital at Port Blair on Aug. 1st, 1869, having a tumour, which is described by the medical officer in charge as follows:—"A swelling, the size of an orange, was discovered in the epigastric region, exactly in the mesial line, perfectly circumscribed, and immovable when grasped by the hand, or when the body is turned on either side. He states that he strained himself a few days before admission, and never saw the swelling till then."

He remained under treatment till the middle of September, when he was forwarded to the Regimental Hospital at Rangoon, with the history of the case from which the above is taken. On presenting himself at the hospital, he was carefully examined by both Dr. Stewart and myself, but we failed to detect any tumour or swelling of any kind. He was admitted, however, and kept under observation; and in a few days the case was diagnosed as one of chronic hepatitis, the chief symptoms being a constant pain in the epigastrium and hepatic region, a furred tongue, feeling of nausea after food, and constipation. Leeches were applied, followed by poultices, and nitro-muriatic acid was administered, with considerable benefit and relief; but it was not till I commenced to give muriate of ammonia in twenty-grain doses that he got rid of these symptoms: first the pain became less annoying and gradually ceased, the tongue cleaned, and at the same time the secretions, especially the urine, increased in quantity. The effects of the medicine are described by the patient as producing a glow of heat and a feeling of warmth and comfort, followed by copious perspiration and an increase in the quantity of urine. Ten days after the commencement of the treatment he was discharged well.

Note.—It will be seen that the chloride of ammonium has generally been administered in one-scruple doses and twice daily. Further experience inclines one to think that in some cases it may be advantageously administered thrice daily, and in larger or smaller doses according to circumstances; but twenty grains produce full effects, without inducing nausea or sickness of stomach.

Rangoon, British Burmah, Dec. 20th, 1869.

* After attending hospital for a short time, this man returned to his duty, and up to this date (December 20th, 1869), has had no recurrence of pain or other symptoms, and his general health is better than it had been for a long time previously.

LIGATURE OF THE EXTERNAL ILIAC FOR FEMORAL ANEURISM.

BY ASST.-SURGEON F. E. M'FARLAND,
ROYAL HORSE ARTILLERY.

(*Communicated by the* DIRECTOR-GENERAL OF THE ARMY MEDICAL DEPARTMENT.)

GUNNER JOHN D——, of the Royal Horse Artillery, a fine strong man, aged thirty, with ten years' service, six of which were spent in India, reported himself sick on the 18th January last, complaining of a strain in the left groin. On examining the part, I found a tumour the size of a large orange, pulsating, circumscribed, and rather solid; encroaching even above Poupart's ligament. Compression applied above the tumour completely stopped pulsation, but scarcely diminished its size. He was at once admitted into the Herbert Hospital.

The following is the history of the case:—More than two

months before, while at gun drill, during violent exertion he received a severe strain, and soon after observed a swelling in the left groin, but continued at his duty, though frequently obliged to sit down from pain.

From the 19th to the 26th January, compression, digital and instrumental, was assiduously applied in every way that the ingenuity of different surgeons could devise. The patient, who was very intelligent, suffered much from the treatment, yet gave every assistance, remaining awake night after night, and always at once detecting when the pressure was inefficient.

On the 26th the tumour was found to be larger, and to a soft bruit was added a "vibrating thrill" in one spot of the tumour, indicating thinning of its coats. A consultation was held, and the operation was decided on.

A room was heated to a temperature of 70°, and the patient, having been placed therein, was put under chloroform by Dr. Ramsbotham, of the Royal Artillery. I made an incision five inches long, extending in a curved direction upwards and outwards from a point two inches above the centre of Poupart's ligament. The different layers of fasciæ and muscles were next divided on a flat director, a part of the operation which is easier in theory than in practice. Having come down to the fasciæ transversalis, I divided it on an ordinary director, and without difficulty separated the peritoneum from the walls of the abdomen and iliac fossa. The intestines and peritoneum were then drawn over to the right side by two hinged tongue-depressors, and two brass retractors were used to retract the other side of the wound. This gave a good view of the iliac fossa; *but at first the artery could not be felt.* After a little while I discovered it pulsating feebly, covered by some enlarged lymphatic glands, and an expansion of fascia; the former I pushed aside, and having scraped through the fascia, passed an aneurism needle, armed with a hempen ligature, *from without inwards.* Having raised the artery out of its bed sufficiently to see that it was healthy, that there was room for the clot, and that nothing else was included, the ligature was tied, the edges of the wound brought together by six interrupted sutures, and carbolic acid dressings applied.

The operation was performed sufficiently high to be clear of the aneurism, and the artery was tied near the common iliac. The patient was then put into bed, in which hot tins were constantly kept. Not more than four or five ounces of blood were lost, and the shock of the operation soon passed off.

Jan. 27th.—Had a good night; no perceptible diminution in the temperature of the limb has taken place since the operation.

Feb. 3rd.—For the last week he has suffered much from tympanites, which the following pill, taken every six hours, always relieves: opium, 1 grain; capsicum, 1 grain; assafœtida, 3 grains. Bowels have not been relieved since the operation. To have a dose of castor oil.

20th (twenty-four days after the operation). — Bowels have been moved regularly since last report. Ligature came away to-day.

On the eighth day after the operation the dressings were removed on account of some discharge. The upper third of the wound had united by "first intention"; the remainder is now healing nicely.

April 19th.—The wound is quite healed, and the man has long since been walking about the hospital. No sign of hernial protrusion, even on coughing forcibly. No return of pulsation in the tumour. The tumour itself has almost disappeared, nothing remaining but some thickening, with one or two enlarged glands in the groin.

There are a few points of interest in connexion with this case:—

1st. The length of time the disease existed before he applied for relief. This, however, is not an unusual circumstance in aneurism cases.

2nd. Compression. The only spot where it can be effectually applied is as the artery crosses the ramus of the pubes, and, when the aneurism is high up, it cannot be certain that the artery is healthy at that point. In the present case I think the compression was often as much against the aneurism as upon the artery; and, as far as the aneurism was concerned, was mischievous and futile. But it had one good effect, that of establishing the collateral circulation; for the temperature of the limb never perceptibly fell after the operation. Of course hot-water tins were always used.

3rd. On passing the ligature under the artery to raise it up before tying it, pulsation of the tumour *completely disappeared.* Now, in desperate cases, where ligature of the common iliac might be necessary, could not this simple plan be tried? It is just possible that, the circulation being in this way controlled, a cure might be effected in a couple of hours. The ends of the ligature might be brought through the dressings, and traction made either by competent assistants or by tying them over a small piece of wood laid on the dressings. Should a cure be effected in this way, the ligature could be withdrawn; should the temperature of the limb fall low, it could be relaxed; or, if the plan fail, it could be permanently tied, with an increased chance of success, as the treatment would have a tendency to establish the collateral circulation.

Woolwich, April, 1870.

ON A CASE OF

SCARLATINA; SUDDEN DEATH FROM HÆMORRHAGE.

BY CHARLES LOVEGROVE, M.D.

PERHAPS the details of the following case may be as interesting to some of my professional brethren as they are painful for me to relate, inasmuch as the little patient—a boy two years and a half old—was my own child.

Percy Egbert Lovegrove, a hearty, strong, well-developed child, with dark-hazel eyes and brown hair. Has never had any illness before during his life. Was perfectly well up to three o'clock on Sunday, the 20th of February; although perhaps I may remark that he seemed more thirsty at his dinner than usual, but he partook of a very hearty meal. At the above hour, I may almost say moment, he showed some little symptoms of discomfort and restlessness, and asked to be nursed. I was then going on my rounds, and told his mother that I feared he had taken too much dinner. However, before I had left home long a messenger was sent after me saying that "Percy was threatening a fit." I returned home immediately, and found my wife had just got him out of a hot bath; his head was hot and he seemed feverish. I got him a calomel powder, and while putting it on his tongue he became very sick, bringing up a large quantity of food in a semi-digested state. I concluded this was in all probability the cause of disturbance to his general system; however, on seeing him again, some three hours after, he was still feverish and his head still hot. This, I must say, somewhat led me to fear some other disturbing cause, but I could see nothing under the skin like an eruption. At 10.30 P.M., when retiring to bed, I examined his skin again, and found he had a vivid red rash out, which no doubt had been developed by the bath. His throat was congested and rather swollen, but there was no deposit on the tonsils.

The rash continued well out for five or six days, and his general symptoms were more favourable; in fact, there was no alarming symptom present during that period. The tonsils and throat remained congested, but there was not the slightest evidence of deposit or ulceration. He swallowed without difficulty, and took his nourishment and medicine well. There was some little enlargement of the parotid gland about this time, which I hoped would diminish under the application of warm olive oil, a remedy I have invariably found successful; but it continued hard, very hard, and I ordered bran poultices and ultimately linseed meal, but I could get no evidence of fluctuation, or even of softening, until the evening of Wednesday, March 2nd. He never seemed to complain or show signs of acute suffering; he never had any delirium throughout the entire illness. There was a slight discharge from the right ear, of a faint odour and of a pale colour (same side as enlarged parotid). I had resolved to open the abscess on the following morning provided I was satisfied of the presence of fluid, and I was just on the point of paying my morning visit when I was hurriedly called by the screams of the nurse. I rushed up to his room, but was only in time to see the dear little fellow's last struggles. Blood of a bright-red colour was flowing freely from his nostrils and mouth, and both his nostrils seemed plugged with pus and blood; not the slightest trace of blood came from the ear. A few seconds

terminated his existence. The abscess did not open externally. I presume one of the branches of the internal carotid artery must have given way, and caused this sudden unexpected dissolution of my little patient.

This very rare termination of scarlatina—I might almost say scarlatina simplex—induces me to place the case upon record, as I can find no like case related in the treatises of either Watson, West, or Tanner. Dr. West mentions a case in which, from extensive sloughing of areolar tissue, the vessels were laid bare, and a branch of the external carotid in that case gave way and caused immediate death. My partner, Mr. Worship, had, many years since, a case in which the ulna artery was laid open by an abscess supervening upon scarlatina, and death took place immediately from haemorrhage, as the unfortunate patient was some miles from his doctor.

I may mention that, even during the night before my child's death, he swallowed without the slightest difficulty, and when the bleeding occurred the nurse was just preparing his wine-and-water.

It seems to me that the remarkable features in this case are: that the fever was of a mild type; there was never diarrhœa to any extent, neither was there ever the slightest tendency to a typhoid condition; never any difficulty in swallowing, nor ulceration of throat or pharynx; he took nourishment well throughout; and beyond the fear of the probability of deafness on the right side, or a scar on the neck in the event of the abscess coming forward, the case never caused the slightest real anxiety.

For the first three or four days I gave him the ordinary febrifuge medicines, with chlorate of potash drink in abundance, followed by ammonia and bark, with port-wine and plenty of good beef-tea and milk; the last few days I prescribed hydrochloric acid, bark, and chlorate of potash, and gave, in addition to the other nutriment, the yelks of eggs beaten up in milk, of which he consumed a considerable quantity, even to three eggs in the course of the day. I may state that there was no evidence of lung mischief.

Sevenoaks, March, 1870.

A NEW TONSIL GUILLOTINE.

BY JOHN EWENS, L.R.C.P. LOND., L.R.C.S. ED.

I PRESUME that many of the readers of THE LANCET, as well as myself, have experienced a difficulty in removing the tonsils of children, owing to the natural inclination which is felt to close the mouth on the tonsil being pressed against, thus obstructing the view of the operator.

It seemed to me that a gag might be so adjusted to the instrument of Mathieu as to prevent this closure, at the same time acting as a tongue depressor. Mr. Hawksley, of Blenheim-street, Bond-street, London, has met my difficulty, and has constructed for me an instrument which answers the purpose fully. After being adjusted over the tonsil, by a single continuous movement of the thumb transfixion and amputation are instantaneously accomplished, without a chance of failure, and with the utmost facility, the mouth being kept wide open by the gag for the adjustment of the instrument over the tonsil and during its removal. I have thus removed the tonsils of three children very recently, with the utmost comfort to myself and security to the patient; and, as the majority of cases come under the notice of medical men whilst the patients are children (and generally intractable), I consider the improvement in the instrument will prove a great boon to any who have to perform this, if not formidable or generally dangerous, at least troublesome, operation.

The annexed engraving will correctly illustrate the action of the instrument. It is equally adapted for either side of the mouth.

Cerne Abbas, Dorset, May, 1870.

BROMIDE OF POTASSIUM.—It has been determined by the researches of Dr. Namias, of Venice, that this salt, after its administration, can be detected in the brain, lungs, and liver, as well as in the blood.

BROMIDE OF POTASSIUM AND ITS IMPURITIES.

BY ARTHUR E. DAVIES, PH.D., F.L.S. &c.

I HAVE recently had occasion to analyse several samples of bromide of potassium; and as the use of this comparatively new drug is now so rapidly increasing, perhaps the results of my experiments may be interesting to readers of THE LANCET. The object of my investigation was, to ascertain the degree of purity of this drug as usually sold. The samples which I tested were purchased in four different towns, and all from highly respectable druggists. The results of my analyses are given in the following table.

Analyses of 10 *samples of Bromide of Potassium.*

	1	2	3	4	5
Moisture	1·50	0·75	1·05	0·69	1·00
Bromide of potassium	84·19	81·00	85·90	69·00	81·21
Chloride ,,	10·95	12·93	7·46	24·93	12·61
Iodide ,,	None	1·04	None	None	0·99
Bromate of potash	0·68	1·99	3·33	4·03	2·09
Sulphate ,,	2·62	2·20	1·74	2·21	1·97
	99·94	99·91	99·48	100·86	99·87

	6	7	8	9	10
Moisture	2·30	0·75	1·75	2·01	2·57
Bromide of potassium	86·23	83·00	79·79	81·52	78·59
Chloride ,,	9·40	7·47	10·01	12·65	13·19
Iodide ,,	None	None	None	Trace	1·41
Bromate of potash	None	4·98	6·62	2·10	3·29
Sulphate ,,	1·57	4·06	1·46	1·99	1·22
	99·50	100·26	99·63	100·27	100·27

Samples 1, 2, 3, and 4, were purchased in Manchester; 5, 6, 7, and 8, in Warrington; 9, in London; and 10, in Edinburgh. The analyses show that bromide of potassium, as generally dispensed, contains a considerable amount of impurity, ranging in the samples which I have examined from 13¾ per cent. (in No. 6) to 31 per cent. (in No. 4). The impurities consist of chloride and iodide of potassium, sulphate and bromate of potash, and moisture. The chloride of potassium and the sulphate of potash are apparently always present, the former generally in considerable quantity. Bromate of potash, though not always, seems to be very frequently present. The iodide is less commonly met with; it was found in only four of the ten samples which I examined. Caustic and carbonate of potash were not detected in any of my samples.

The impurities I have referred to appear to be derived from two sources: impurities in the material used, and imperfect carrying out of the process of preparation. In preparing the bromide, a solution of caustic potash is mixed with bromine in quantity sufficient to combine with the whole of the alkali; the liquid is evaporated to dryness, and the residue reduced to powder, mixed with some finely powdered charcoal; and the mixture is ignited, with certain precautions, in an iron crucible. The ignited mass is digested with water, and the bromide of potassium is obtained from the solution by evaporation. Of course any soluble impurities which were contained in the potash or in the bromine will be found, to a greater or less extent, in the bromide of potassium, unless the salt is purified by frequent recrystallisation; and it is from this source that the chloride and iodide of potassium and sulphate of potash are chiefly derived, except, of course, when they are wilfully added for the purpose of adulteration, which I believe is very rarely done. The bromate of potash is due to defective preparation. When bromine is mixed with caustic potash two salts are formed—namely, bromide of potassium and bromate of potash; six equivalents of potash and six of bromine forming five of bromide and one of bromate ($6\,KO + 6\,Br = 5\,KBr + KO\,BrO_5$). When a solution of these two salts is evaporated to dryness and the residue ignited with charcoal, the charcoal combines with the oxygen of the bromate, forming carbonic acid, the bromate being at the same time reduced to bromide; but for this change to take place fully it is necessary that the ignition be very carefully and completely carried out, and if this is

not done the bromide will be mixed with more or less of the undecomposed bromate. M. Adrian (*Bull. Gén. de Thérap.*), by whom samples of French bromide have been examined, attributes highly deleterious properties to the bromate. To determine the correctness of this opinion, and what may be the effect, when the drug is administered medicinally, of this and the other impurities to which I have referred, is the duty, not of the chemist, but of the physician; and to him I must therefore leave its consideration.

Manchester, May, 1870.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimasset morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

GUY'S HOSPITAL.

INTUSSUSCEPTIO IN AN INFANT CURED BY INFLATION OF THE BOWEL.

(Under the care of Dr. WILKS.)

CASES of relief of an intussusception of the bowel by inflation deserve to be recorded, and the first of the two following instances is a good example of this method of treatment. Dr. Brinton, in his posthumous work on Intestinal Obstruction, has referred to it in the following terms:—"There are certainly instances on record in which an obstruction having every symptom of an intussusception has been suddenly removed by an inflation of the patient's rectum with a pair of bellows, the relief having instantaneously followed that severe pain which complete distension brings about." It is probable that, especially in cases where the intussusception is of the large intestine, this method of relief might be more generally employed than it seems to be at the present time. Our notes of this case are derived from the report by Mr. Wm. Stanger.

William S——, aged six months, admitted into Clinical ward on the 28th of March, 1870. The child appeared in perfect health until yesterday afternoon about four o'clock, when, whilst sucking a crust of bread, he suddenly screamed out, fainted, and became cold. The mother took him to a doctor, who gave him a powder, which made him very sick. He continued in great pain, and cried incessantly. At three o'clock this morning he passed a quantity of clotted blood per rectum, and this continued to run from him until he was admitted into the hospital at twelve o'clock. The last fæcal evacuation took place at noon the previous day.

On admission, the child was seen to be well grown, but face pale, and had a generally collapsed appearance. On examining his abdomen, a lump was distinctly felt to the left and above the umbilicus, which hardened when pressed upon. On passing the finger up the rectum a round projection could be felt about four inches up, with a circular orifice in the centre. The finger, when withdrawn, was covered with blood. The case being thus clearly one of intussusception, Dr. Wilks ordered inflation of the bowel by means of a bellows. Chloroform was given, and an enema tube passed into the rectum, the other end being attached to the bellows. The attempt to inflate was at first unsuccessful, owing to the large size of the rectum; but by increasing the width of the tube by wrapping a strip of lint round it, the colon was well inflated, and then the lump gradually went back until it quite disappeared. A drop of opium was ordered in a drachm of dill-water, and the breast to be given sparingly.

On the following day, March 29th, no lump could be felt. The child had been sick several times, and nothing had passed per rectum. To repeat the medicine.

March 30th. — Child very irritable; apparently much tenderness over abdomen, especially towards the right side. Occasionally sick. Passed a little blood, but no fæces.

31st.—Evidently better. Had a liquid evacuation with no blood, and sucks well.

April 1st.—Passed a natural motion, and altogether better.

2nd. — Child apparently well, and taken out by the mother, who was somewhat discontented at the operation performed on him, as she never could be made to realise the severity of the case.

He remained well until the 10th, when he was brought to the hospital, having had fresh bleeding, and the lump could again be felt. The mother would not allow the child to be again taken in for the purpose of a renewal of the method which had been before so successful, but took him away for the purpose of procuring some physic for him; and no more was heard of the case.

Dr. Wilks remarked that this was a good model case of intussusceptio and of the appropriate treatment. The nature of the involution was of the usual kind—the ileum into the cæcum, and the subject a boy, as is most commonly the case. There was, however, one symptom which had not been hitherto remarked—viz., the collapse at the time of the occurrence of the passing in of the bowel. The sickness and constipation denoted intestinal obstruction, and the passage of blood that this was caused by intussusceptio. This symptom was first clearly established as a characteristic sign of this accident by Mr. Gorham, who wrote an excellent article on the subject in the Guy's Hospital Reports for the year 1838. If there had been any doubt as to the nature of the case, this would have been removed by the discovery of a tumour in the abdomen, which contracted on being handled, and by the fact of the rosebud-like projection to be felt in the rectum. This showed that the intussusceptio was very extensive. The treatment was then clear, and, as in other cases, was completely successful. Dr. Wilks's wish was to keep the child in for some time, continue the opium, and feed him most sparingly. It was also discussed whether a pad over the abdomen might be efficacious in preventing a return of the intussusceptio.

TUMOUR IN THE RIGHT HYPOCHONDRIAC REGION; CHRONIC INTUSSUSCEPTIO.

(Under the care of Dr. WILKS.)

The report of the following case is by Mr. W. Blenkarne:—

Emma K——, aged thirteen, was admitted into the Clinical ward on February 1st, 1870. The child was much out of health, and was the subject of a chronic skin disease, which was styled ichthyosis. She also described various other symptoms, but these were of so vague and uncertain a nature that they could not be made use of in the interpretation of her case. She was sent to the hospital more especially on account of a pain she had experienced in the right side during the last week or two. She had had no sickness and no constipation. On examining the side there was felt, below the ribs on the right side, a globular tumour about the size of a hen's egg. This moved somewhat during respiration, but did not seem to be attached to the liver, as the fingers could be thrust down deeply above it. It did not appear, either, to be attached to the kidney, and thus there remained the conjecture that it was connected with the intestine, and the further opinion whether it was a growth in the mesentery, a tumour formed by a mass of scybala, or whether it was intussusceptio.

The child was ordered a calomel-and-rhubarb powder, which purged her well, but with no alteration in the tumour. She was then ordered three drachms of compound decoction of aloes, in peppermint-water, three times a day. After four days, as she was well purged, the medicine was omitted. The tumour the same. Percussion did not afford much aid.

On the 16th she was in bed, as she complained of more pain in the side, and she had a feeling of sickness. On examining her there was much tenderness over the hypochondriac region, and the tumour could not be so easily defined. The swelling was more diffused and superficial.

On Feb. 23rd the pain and tenderness were less; and the swelling had again decreased in size, and on the 28th was much as on admission. She again left her bed, and ap-

peared tolerably well. On March 11th she was examined, and all trace of the tumour had disappeared.

She was kept in another month, until April 8th, and repeatedly examined, but no trace of the original tumour could be felt.

Dr. Wilks, in commenting upon this case, was inclined to regard it as one of intussusceptio. He saw no other explanation excepting that of fæcal accumulation; but he was disinclined to this view from the fact of the tumour having undergone no diminution after purgation, from the circumstance, also, of its having at one time become larger and less defined, and, further, from his general experience that tumours formed by scybala have most usually some organic cause in the bowel for their production. Dr. Wilks said that this view he should have been quite unprepared for some years ago, as he had always looked upon intussusceptio, as is usually done by others, as an accident of sudden occurrence, and attended necessarily by urgent and rapidly fatal symptoms; but he had seen patients live for many weeks with this affection, the involution of the intestine not being sufficient in amount to produce strangulation, but merely productive of pain and a tumour in the abdomen. Such a case occurred in Dr. Fagge's ward about two years ago, in the person of a boy who came to the hospital with a tumour in the abdomen, accompanied by pain. Although the true nature of the case was conjectured, it was not known positively that it was one of intussusceptio until after death, which took place from peritonitis arising from injury to the gut. Of course, if the involution is not to any great extent, and thus the mesentery has not dragged round the included bowel, there is no need of any obstruction. The present case was a difficult one, and the most probable cause of the tumour could only be founded on conjecture; but the possibility of its occurring under the circumstances named must be regarded as well established.

WEST LONDON HOSPITAL.

TWO CASES OF STRANGULATED HERNIA.

(Under the care of Mr. FAIRLIE CLARKE.)

THE following cases of strangulated hernia form an instructive contrast. They were both sent to the hospital by Mr. Corbett, of Kingston-on-Thames, within a few weeks of one another. In both the strangulation had existed about the same length of time; but the one patient refused to undergo an operation, and died on the twenty-fourth day, while the other gladly consented, and made a speedy recovery.

CASE 1.—Ann H——, aged forty-nine, married, was admitted into the above hospital on February 16th, 1870, with strangulated hernia. She had been ruptured for four years, but had never worn a truss. She had always been able to reduce the hernia by lying down. On examination she was found to have a femoral hernia on the right side. The tumour was about the size of a small orange, tense and tender to the touch, with a pink blush on the skin. The rupture had been down since the 12th. On the 14th she began to vomit, and have pain in the bowels. On the 15th she had had a motion.

When she was admitted, on the 16th, her pulse was 80, and her tongue clean and moist. She vomited occasionally, but the matter that she brought up was not stercoraceous, only bilious. After the taxis had been tried without success, she was ordered to have ice applied to the tumour, and to take a dose of morphia at night.

On the following day the taxis was again tried, but with no better result than before. She was then ordered to have an enema of warm water, and the local application of ice was continued. At the same time she was told that if the hernia could not be reduced by these means, an operation would be necessary. But she said she would sooner die than undergo any operation. Notwithstanding this strong expression, Mr. Fairlie Clarke obtained the consent of her husband and nearest female relatives, in the hope that, as the symptoms became more urgent, she would change her mind.

On the 18th she was no better, and all the efforts which had been made to reduce the hernia had failed. Under these circumstances she was urged to submit to an operation, but she persisted in her refusal. The risk that she was running was fully explained to her, not only by Mr. Fairlie Clarke, but also by his colleagues who saw the case with him; but she remained quite unmoved. Day by day she was urged to reconsider the matter, as long as her general health was such as to warrant the surgeon in entertaining the hope of relieving her by operative means; but in vain. She persisted in saying that she would rather die than submit to an operation. Meanwhile she got slowly but steadily worse, notwithstanding everything that was done to alleviate her symptoms. The vomiting became more frequent, and on the 21st it was noted that it was decidedly stercoraceous. Her pulse became weaker and more rapid. The pain around the tumour and all over the belly became more severe and constant, and her strength gradually failed. In this condition she died on March 7th, apparently of exhaustion.

At the post-mortem examination, it was found that a portion of the gut, about as large as a hen's egg, had made its way through the femoral ring and become strangulated. It was in a state of mortification, quite black, and with a perforating ulceration in it the size of a sixpence. The tissues around were infiltrated with lymph and stercoraceous matter. The constriction was at the neck of the sac, and very tight. There was no feculent matter within the abdominal cavity, but the bowel on the inner side of the constriction was in a state bordering upon mortification, and for four or five inches above it was highly congested. The rest of the intestines were smeared with thin flaky lymph.

CASE 2.—Henry F——, aged seventy-one, a labourer, was admitted into the West London Hospital on March 18th, 1870, with strangulated hernia. He had been ruptured for some years—he could hardly say how many; but his rupture had never given him any trouble. He had always been able to return it without difficulty. On the morning of the 17th it had come down, and he had been unable to reduce it.

On examination, he was found to have a small swelling, about the size of a walnut, in the right groin above Poupart's ligament. It was tense and painful, and he had frequent and stercoraceous vomiting. As it was evident that he was suffering from a strangulated inguinal hernia, the house-surgeon tried the taxis, but without success. He then ordered him a warm bath, and again employed the taxis, but with no better result. The patient was then seen by Mr. Fairlie Clarke, and, having given the surgeon permission to do whatever was thought best for him, he was put under the influence of chloroform, and taxis was again tried. As no impression could be produced on the tumour, Mr. Fairlie Clarke proceeded at once to operate. A very tight constriction was found at the neck of the sac; but, partly by the use of the finger-nail and partly by a few light touches of the knife, it gave way, and the strangulated gut was returned. The skin was closed by two silver sutures, and the incision was covered with a pad and bandage. During the whole operation the wound was sponged out with a strong solution of alum instead of with water, and the bleeding was very slight. The patient was ordered a full dose of opium, and put upon beef-tea diet.

The vomiting was immediately relieved, the pain ceased, and from that time forward the patient's recovery was uninterrupted. On the 24th his bowels acted for the first time after the operation, without the use of any aperient. The greater part of the wound healed by the first intention; only a small portion in the centre remained open for a few days. On the 2nd of April he was allowed to get up and sit on the outside of his bed, having been previously supplied with a proper truss; and on the 12th he was discharged cured.

In comparing these two cases, it will be noticed that in the first the access of the symptoms was slow, and the progress of the case gradual, so that the patient lived *twenty-four days* after the date of the strangulation. The second case was much more acute. The invasion of the symptoms was rapid and severe; and there can be no doubt that, if the patient had not submitted to an operation, his death would have taken place very speedily.

Provincial Hospital Reports.

CARLISLE INFIRMARY.

CHRONIC ENLARGEMENT OF PREPUCE.

(Under the care of Mr. R. BROWN.)

THE notes of the following case are by Mr. J. Troutbeck, house-surgeon.

J. C——, aged thirty-six, tailor, was admitted in January, 1870. Ten years ago a chancre commenced at the meatus urethræ, and, spreading over the glans, caused the prepuce in a few months to become adherent to the ulcerated surface. Gradual enlargement of the skin covering the dorsum of the penis, and more especially of the prepuce, then ensued for the next few years, and caused diminution in the size of the stream. During 1865–66–67, a series of abscesses formed in the posterior and lateral aspects of the enlarged prepuce, some of which discharged pus through sinuses opening on its integumental surface, while others afforded exit to some of the urine during micturition. These conditions remained the same till a year ago (1869), when the prepuce was enlarged to such an extent as to prevent the normal exit of urine, and divert it through four sinuses, which were placed two on each lateral aspect of the prepuce. Retention of urine took place three days prior to admission, but was relieved by the plugged orifices of sinuses becoming again patent.

The patient being chloroformed, Mr. Brown pushed a director from one sinus to the other on the left side, and on it slit up the soft textures; in doing so he opened into an abscess-sac containing two calculi, each the size of a pea, which he removed. The sinuses on the other side being laid open in a similar manner, he pushed a director from one incision to the other through the centre of the soft parts, joined them by a transverse cut, and removed the whole of the prepuce in front by dissecting downwards and forwards. Two orifices were by these means brought into view; but as they were merely sinuses leading from the meatus to the abscess-sacs, Mr. Brown removed more of the soft textures by a transverse cut, and exposed the urethra, capable of admitting a No. 8 catheter. A large portion of external thickened tissue at the circumference was left, under the impression that it would disappear by contraction. Hæmorrhage was arrested by pressure, and finally by a few ligatures and styptics. In the evening after operation he passed water in a full stream, and was free from pain. Subsequently, by the use of lotions, &c., the wound healed kindly, and he was discharged cured.

Remarks.—It is well to recapitulate that, during 1869, the urine passed along the entire urethra, then by sinuses to the sacs in which the calculi lay, and lastly through the four openings. The penis is now of normal dimensions, and presents a small prepuce covering the glans for a few lines.

BIRMINGHAM AND MIDLAND EYE HOSPITAL.

FRAGMENT OF STONE IMPACTED IN THE IRIS.

(Under the care of Mr. C. TOWNSEND.)

THE following case, for notes of which we are indebted to Mr. Frank Hodges, house-surgeon, is interesting from the very slight irritation which followed so serious an injury as a rough fragment of flint being forcibly driven through the cornea into the iris, where it remained upwards of three days, and the almost unimpaired vision which resulted from its removal.

George W——, a healthy-looking man of thirty-three, was breaking stone on Feb. 26th, 1870, when a piece struck his right eye. He was judiciously treated by a surgeon, who saw him a few minutes after the accident. On the 1st of March he came to the hospital. Upon examining the right eye, a foreign body was plainly seen fixed in the lower segment of the iris, and projecting forwards into the anterior chamber. In the centre of the cornea was a cicatrix, showing where the foreign body had entered. There was some ciliary injection; but no plastic effusion from the iris, and the aqueous humour was perfectly clear. Reads No. 16 Jaeger. Patient has slight circumorbital pain. Two leeches were applied to the right temple, and drops of atropine (two grains to the ounce) applied every four hours.

March 2nd.—The patient being seated in a chair to prevent the foreign body falling back into the posterior chamber, Mr. Townsend made an incision with a Sichel knife in the lower sclero-corneal junction, grasped with a pair of fine forceps the foreign body and a portion of iris to which it was attached, and removed it with great facility. A wet pad with a bandage was applied; atropine dropped in night and morning. The foreign body was found to be a fragment of flint, and was almost identical in size and shape to a grain of wheat.

4th.—No irritation; wound nearly healed.

12th.—Wound united. There is still some conjunctival injection, and the media are slightly hazy. Patient went home to-day at his own request.

May 3rd.—The patient presented himself for examination to-day. Coloboma clear, and so completely hidden by the lower lid as to cause not the slightest disfigurement. Reads without difficulty No. 2 Jaeger.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, APRIL 20TH, 1870.

DR. BURROWS, F.R.S., PRESIDENT, IN THE CHAIR.

ADJOURNED DEBATE ON MR. GANT'S PAPER ON EXCISION OF THE JOINTS FOR DISEASE.

THE PRESIDENT said the Fellows were aware that it was the wish of the Society to adjourn the debate on Mr. Gant's paper read at the last meeting. They were now met to resume its discussion, but, to give those who were before absent an idea of the paper, it was advisable to have an abstract read, and he would call upon the Secretary to do so.

Mr. T. SMITH then read an abstract of the paper.

Mr. CALLENDER, as mover of the adjournment, was then called upon to resume the discussion. He said he wished to refer to some remarks by Mr. Holmes as to the comparative death-rates in excision of the knee-joint and amputation at the thigh. The latter, if performed early in life, was nearly free from danger; all under ten years of age did well; so also for the most part of those under twenty. This was at St. Bartholomew's Hospital. Age was therefore a most important factor in estimating the value and risk of the two operations. In the paper reference was made to three joints, in two of which movement had been secured; but not so with the knee. He trusted we might yet hope to secure this. He could not help thinking of Nendorpfen, who told him that he constantly had some movement. In one instance at St. Bartholomew's movement had accidentally been retained. Considerable modifications were required in the operation to secure motion. The extensor tendons would have to be left, the articular surfaces of the bone alone removed, and the femur not cut straight across as now, but after the contour of the joint. They wanted clear evidence as to the growth of the limb after excision. In three cases under his own observation there was no shortening beyond that consequent on the portion originally removed. He thought it better to have the limb slightly flexed than quite straight.

Mr. HENRY LEE said he would first allude to the question of death-rate. If all hospitals were taken, instead of one only, the results would be very different. Some years ago he belonged to a Clinical Society of Observation, and their "Transactions" showed that the results, after amputation, in persons under sixteen, were not nearly so favourable as those given by Mr. Callender. Next, as to motion, he had been unfortunate enough to have motion of the knee-joint after excision, but it was in any direction; hence it was not so good as anchylosis. In the elbow it was different. Mr. Gant's preparation suggested certain notes; in one instance the head of the bone did not appear to be diseased at all, or only slightly so. In this respect it resembled two of his own cases, where he had operated by Wood's method; the diseased bone was gouged out, and the joint not opened. In one case, that of a young woman with symptoms of hip

disease, the skin became painful, and an abscess formed and opened on the outside of the thigh; dead bone was found, and removed by gouging. Other abscesses afterwards formed, the case extending altogether over six years. Thus hip-joint disease may be simulated when the joint is sound. In the second case a good deal of the trochanter was removed. Mr. Gant's cases were called typical, but he would like to know if these were all in which Mr. Gant had operated. He must be fortunate if all his cases were typical, whilst if they were selected they lost their value. He thought the danger of re-excision was overstated. There was no joint to open, and they might only have to remove some fibrous material or some diseased bone. To secure perfect union the splints required to be carefully applied, and the extension must not be too much, otherwise the bones were too far separated.

Mr. WILLETT would ask one question, which he hoped might be answered at once; this was whether these were all the joints Mr. Gant had excised

Mr. GANT replied in the affirmative.

Mr. WILLETT thought such success was remarkable. At St. Bartholomew's, in six years there had been twenty-two excisions with one death; thirty-eight of the knee with eight deaths; whereas, in one particular year there were ten of the knee, with no deaths. The success was, therefore, exceptional, and could hardly be expected to continue. There was nothing unusual in his mode of operating to explain the success. He had performed modified excision of the shoulder and hip, and something of the kind at the ankle. He would like to know the results altogether at the Royal Free Hospital, and how many were passed over as unfit. Two boys were present in whom the disease had lasted a long time; had they not passed through the dangerous stage before being operated on? The danger was greatest when the disease was acute.

Mr. HANCOCK could not think certain of the cases referred to were true disease of the hip-joint, but rather sequestrum of the great trochanter, the joint not being affected. No surgeon would excise for this; but the same could not be said of true joint disease. He had seen a good many, and had done great good by removing the head of the bone. It especially relieved the patient's suffering. In the earlier history of the operation, it was said that the bone must be dislocated before performing the operation, and that it was not to be done if the acetabulum was diseased. In the great majority of cases there was no dislocation, even although there was much disease. In the last case he had operated on, movement was quite free, and roughness could only be detected on pressure; yet, on cutting down, the head of the bone was found nearly gone, and the acetabulum was full of pus. He had just pointed out the propriety of operating even if the acetabulum was perforated. If there was an abscess in the pelvis, the pus could be so removed without injuring the fascia. He would like to know the steps of Mr. Callender's operation. He had found removal of cartilage insufficient.

Mr. SAVORY thought the choice of proper cases was all-important. They might classify diseased joints in three groups —When the disease was advancing; when it had ceased, leaving a good joint; and when it had ceased, leaving a damaged joint. The last were the best for excision. When the disease was still active, on the common principles of surgery the parts were in a state unfavourable for interference. The bones were then congested, when cut through there was undue constitutional disturbance, they did not go on well, and finally there was further disease ending in re-excision. He had extreme distrust in the operation at the time it was performed by Mr. Hancock. Extension was then the great thing, and produced almost complete cessation of all active symptoms. They wanted the more remote results of excisions. Professor Humphry gave no measurements, and they wanted these, not only as to the length of the limb, but also as to the epiphysis cut through.

Mr. CALLENDER explained that the figures he referred to were in the Society's Transactions. This included all cases of amputation on persons under ten. As to plans of excision these were merely suggestive. Neudorpfen used two semilunar incisions, and had so performed the operation in Mexico. The crucial ligaments no doubt went.

Mr. T. SMITH remarked that it was curious no single champion of amputation had come forward. Nowadays, indeed, excision was in danger chiefly from injudicious friends; all admit its advantages, but it was also tempting in tedious cases which might end well of their own accord. It was urged against it that it was never used among the upper classes; this is fallacious, as joints were rarely destroyed among them. Among the poor treatment was unsatisfactory. The joint was first neglected, and then patched up from time to time to enable them to pursue their calling; finally they became fit subjects for resection. At St. Bartholomew's the time referred to by Mr. Willett was when the operation was new and not run after. He confirmed Mr. Savory that, as a rule, the operation was not required in children for pain.

Mr. WEEDEN COOKE said that, as to the cases selected by Mr. Gant, his colleagues had looked upon the operation almost with jealousy; and he was bound to say that in every instance it was justifiable.

Mr. GANT, in reply, said that when in the course of joint disease there was a marked increase of pain, with starting at night, and laxity of the ligaments, it was better to perform excision. He thought that amputation and excision should not be compared. Excision was for early disease, amputation for late, when the system would not bear the demand implied by the long-continued healing process. The true comparison was with anchylosis. He adduced some important statistics in behalf of the operation. He said he never excised the knee under ten. His cases were called typical because they had been carefully selected, and all unsuitable ones rejected.

CLINICAL SOCIETY OF LONDON.

FRIDAY, APRIL 22ND.

MR. PAGET, PRESIDENT, IN THE CHAIR.

DR. ANSTIE exhibited three patients to whom Electrical Treatment had been applied for the cure of local paralysis. One was a case of paralysis of the extensors of the right forearm and hand, and also of the shoulder muscles, for which the only assignable cause was lead-poisoning. The affected muscles were greatly wasted, and the case seemed hopeless; but by the use of the constant current from Weiss's (Smee's) battery daily for about two months, and then subsequently of faradisation (which at first had had no effect) for another month, the power of all the muscles was almost entirely restored, and the man enabled to resume work. The second was a case of paralysis of all the muscles of the forearm, the sequel of acute rheumatism. It was rapidly cured by the application of the interrupted current from Gaiffe's apparatus. The third case was an example of a very rare and curious affection—complete anæsthesia of all the sensory nerves springing from the right brachial plexus, and of a few branches (supra-clavicular) from the cervical plexus, which had existed for six years. The patient (a young man twenty-one years old) could only trace its occurrence to a severe attack of scarlet fever, immediately after which he first noticed it. There was no loss of muscular power, and but little, if any, affection of the muscular sense. Faradisation (with Stöhrer's one-celled apparatus) was commenced in December last, and perseveringly applied every day for five weeks without the slightest effect. The constant current from Weiss's battery was then tried, and in a very short time a marked improvement commenced. After a time the whole sensibility of the limb was much changed, and faradisation was then found to be effective. At the time of the report, after four months' treatment, the patient might be said to have twice the amount of sensibility (to pricking, &c.) in the hand, and three times the amount in the forearm and arm, as compared with his condition at the commencement of treatment. He had also regained sensibility to heat and cold, which had been entirely lost. In all probability, however, he would never be completely cured. In all these three cases the electric current, whether constant or interrupted, was purposely applied in a local manner only—i.e., to the nerves and muscles of the affected parts.

Dr. BUZZARD said that Professor Benedikt had just informed him that advantage was derived from galvanising the sympathetic. It is in these cases, according to Remak, where there is difficulty in producing muscular contraction, that galvanism is likely to do good.

Dr. ANSTIE thought that galvanising the sympathetic

was theoretically good. He had brought forward the foregoing cases to show what the treatment, persistently carried out, may do; but the practical results were certainly far from gratifying. A reply in the affirmative was given to Mr. Paget, who asked whether contraction of the muscles was not necessary to produce good results.

The SECRETARY read a report by Drs. Burdon-Sanderson and John Harley, and Mr. Barwell, upon a solution of strychnine employed by the last-named member in the hypodermic injection of a patient, whose case he had related at the preceding meeting, when its strength had been called in question. The reporters found that the solution did contain 2·1 per cent. of hydrochlorate of strychnine, the proportion alleged. There is prevailing, still, a general impression that there must be some source of fallacy, for Mr. Barwell had commenced his treatment by injecting a quantity of this solution equal to one-fourteenth of a grain of strychnine.

After considerable discussion, the PRESIDENT requested the reporters to follow up the subject, and report further at a future meeting.

Dr. BUZZARD showed a female patient affected, as he supposed, with Leprosy. She had stunted fingers, of which two had lost the terminal phalanges, shrivelled nails, anæsthesia, especially of the dorsal aspect of hands, with muscular atrophy of forearm, and "griffin hand." The history gave no clue to the nature of her disorder. It was suggested that leprosy, in a modified form, still existed in the United Kingdom to a larger extent than was generally supposed.

Dr. FAGGE read a report by himself and Mr. Callender on this case. They confirmed the general accuracy of Dr. Buzzard's description, but pointed out some particulars in which it seemed to them that the symptoms differed from those of leprosy, and more nearly approached those of wasting palsy. Hence, whilst fully recognising the difficulty of referring the case to any affection belonging to the ordinary categories, they considered the history and symptoms insufficiently conclusive to allow of their reporting it as a case of modified leprosy.

Mr. THOMAS SMITH exhibited a female patient, nine years of age, from whom a piece of the whole thickness of the vault of the skull had spontaneously separated. The dead bone measured two inches and a half by three inches, and included two inches of the bony groove of the longitudinal sinus (to the outer surface of the sequestrum). The scalp was firmly adherent, and was covered by an abundant growth of hair.

Reviews and Notices of Books.

On the Relations which Dental Caries, as discovered amongst the ancient Inhabitants of Britain and amongst existing Aboriginal Races, may be supposed to hold to their Food and Social Condition. By JOHN R. MUMMERY, F.L.S., L.D.S., Vice-President of the Odontological Society of Great Britain. From the Transactions of the Society, with additional Notes. London. 1870.

IN a recent number of the Transactions of the Odontological Society may be found a paper by Mr. Mummery, "On the Relations which Dental Caries, as discovered amongst the ancient inhabitants of Britain and amongst existing Aboriginal Races, may be supposed to hold to their Food and Social Condition." A disquisition of this kind holds the same relation to a chapter on the pathology of caries that a memoir on the comparative anatomy holds to a chapter on the pure physiology of a set of organs. It is, whilst more entertaining, still somewhat less strict and severe; it indicates and illuminates, rather than constructs, the road to conclusions; it presupposes and confirms, rather than creates, the knowledge into the possession of which we come ordinarily by the observation of individual, not of tribal, histories.

In caries, as in many other diseases, we have two factors, two causative agencies, to deal with. One of these predisposes from within, being a general or constitutional condition; the other acts locally: the former is a vital, the other is usually a chemical, and occasionally a mechanical agent. An unhealthy condition of the general system, such as malaria, miasma, struma, or rickets may produce, induces local debility, and, practically and actually, death of particular spots on a tooth's exterior; and upon this area food and the oral secretions will act, just as they act upon artificial teeth, chemically and physically. For throwing light upon the relative efficiency of general Antihygiene and of local causes in the production of caries, Mr. Mummery has amassed a colossal pile of materials, having examined, as he informs us, more than 3000 skulls, ancient and modern, and tabulated no less than 1956. Of these latter, some 456 belong to ancient races, and of these 456 there are 420 which belong to the ancient inhabitants of our own country.

To speak, first, of general constitutional conditions, we find a singular fact furnished to us in the statistics of the pre-Roman inhabitants of this island. These figures, as given by Mr. Mummery in his tables and in his letterpress, show us that whilst dental caries was rare in the dolichocephalic inhabitants of the Wiltshire district, as represented in the collection of Dr. Thurnam, at Devizes, in about sixty of the skulls collected by Canon Greenwell from the Yorkshire tumuli no less than twenty-four exhibited more or less of this disease. This difference Mr. Mummery appears inclined to ascribe to some local, possibly climatic, condition, rather than to any difference in food. For the teeth of the Roman settlers in Yorkshire contrast to still greater disadvantage with those of their brother immigrants into other parts of England; and as the Romans were very differently dieted from the Dolichocephali, whom Dr. Thurnam has shown to be the earlier of the two pre-Roman British races, the condition of food would appear to be eliminated in favour of that of locality in this particular question of causation. Caries, we may add, is at this day *said*, we do not say *proved*, to be commoner upon certain geological formations in the north of England—in Cheshire, for example—than elsewhere and upon other stratifications. Mr. Mummery, on the other hand, shows that general antihygienic conditions of local origin, but of a different kind from any prevalent either now or formerly upon the bleak Yorkshire uplands, can produce the self-same conditions of teeth. "The promontory of Corea is a marshy, unhealthy district; the people are a small, stunted, and shrivelled race, far inferior to the Chinese generally; they have miserable health, and suffer much from carious teeth."

Our author passes "from China," not "to Peru," but to Switzerland; and, to the same effect as in the foregoing quotation, we read that in certain valleys of the Alps, where local conditions produce goitre and cretinism, we have also dental disease exceedingly common; whilst people similarly bred and similarly fed, but perched up where the sun can enlighten and enliven them, in the true sense of this latter word, have little dental disease.

Mr. Mummery's views as to the connexion which may subsist between premature mental development and premature dental decay, should be urged upon the tender consideration of mothers and fathers of "prodigies"; as should also his suggestion as to the effect which calomel and grey powder may have in the way of honeycombing the teeth of such darlings.

From the consideration of the general to that of the local causes of caries a transition is afforded by one of the columns in Mr. Mummery's tables, which is headed "Width of arch at first molar." A crowded state of the teeth is often accompanied by caries of those organs. The crowded state of the teeth is due to malnutrition of the dentigerous arches. Now, is the caries due to the lateral pressure produced by the crowded state?—or is it, like the pressure and crowding, a direct effect of the primary term in the series—

viz., the malnutrition? Much may be said (but not by us here) on both sides of this question. Mr. Mummery, we think, inclines to the former of the two views we have indicated. We ourselves should incline to the latter; but we would not be supposed to forget that irregularly set teeth will favour the lodgment of decomposing and of re-compounding organisms, such as débris of food and the vibrios which arise in and around it, and the setting free thus of carbonic acid, to the great risk of exposed and debilitated dentine and cement.

Coming now to the action of ingesta, and beginning with a very simple case, we may remark that the unwisdom of using siliceous tooth powders is well illustrated by Mr. Mummery's history of certain North-west American Indians, whose teeth are worn down to the very stumps by the sand which works itself into the drying salmon which, when dried, forms the staple of their diet. These same savages, it is interesting to remark, furnish us with an illustration of another lesson—to wit, the great value of a good supply of good food in enabling the system to take up the line of repair rather than that of inflammation when irritated. When the pulp of their sanded teeth is exposed, it calcifies, and they ordinarily escape the alveolar abscess which ensues in races, such as the ancient Egyptians, where particles of silex are ingested, but in company with, or entangled in, a lowly and not a highly nitrogenised diet.

Alum and sugar have their working alluded to; and were the subject less of what a recent "stopping" makes us feel it to be, a "thrilling" one, we should say *amusingly* illustrated. The detection of an unholy alliance between the baker and the alum manufacturer, and the rewards for victory which were issued to Skinner's Irregular Horse, form interesting histories. Ten pounds of sweetmeats, it would appear, were served out to each hero in the distinguished corps just mentioned after each of their many triumphs; and, but that we have heard that these warriors, being Eurasians, got more pay than Europeans, and contrived to do less work than Asiatics, we should, for physiological as well as for other reasons, deeply regret that they should have been disbanded by a cheese-paring, or rather sugar-saving Government. But similar experiences as to the value of sugar in war may be gathered from the history of many other campaigns, both in ancient and modern times. Jonathan had "his eyes enlightened" by eating honey when warring under his perverse and unhappy father against the Philistines; and the commissariat in the late great American war has much to say as to the demand for saccharine matter which they had to supply and satisfy.

We cannot follow Mr. Mummery through the extensive range of archæological references through and along which he carries his readers, laying the laws of the Roman Ten Tables and those of our Anglo-Saxon forefathers alike and indifferently under contribution. It must suffice to say that Mr. Mummery has combined in this memoir instruction with entertainment in the very way in which a man who has his heart in his work combines them in his well-earned vacations; and that we recommend our readers to judge for themselves of the merits of his pleasant and practical pages.

OUR LIBRARY TABLE.

A Manual of Zoology, for the use of Students; with a General Introduction on the Principles of Zoology. By HENRY ALLEYNE NICHOLSON, M.D., D.Sc., M.A. Ph.D. (Gött.), F.R.S.E., &c., Lecturer on Natural History in the Extra-Academical School of Edinburgh, Vice-President of the Geological Society of Edinburgh. Vol. I., Invertebrate Animals. London: Robert Hardwicke. 1870.—This strikes us as a useful book, and it is, we think, likely to be a popular one. There is no attempt at originality on the part of the author; he has, however, brought together all the leading facts in natural history which it concerns the student to know, but which would cost him a great deal of labour to make out for himself, scattered as the information is over the pages of numerous works. The general introduction might have been written, perhaps, in a simpler and easier strain. The reader would require to bring to it a good deal of preliminary knowledge in order fully to appreciate the nature of the biological and physiological problems discussed.

On Comparative Longevity in Man and the Lower Animals. By E. RAY LANKESTER, B.A., Junior Student of Christ Church, Oxford. London: Macmillan and Co. 1870.—In this interesting essay, which gained a prize in the University of Oxford, Mr. Lankester has brought together and agreeably treated a very considerable amount of previously scattered information respecting the duration of life in animals. To be born, to grow to maturity, and to die, is the sum of existence of all organised beings; but the duration of their vital activity not only varies to a remarkable extent with the individual, but to a still greater extent with the species. There are tribes of animal—amongst the Insecta, for example—in which a few weeks sees all the stages of their existence; there are others, again, like the elephant and the whale, the duration of whose life does not, in all probability, fall far short of two centuries. The general longevity, Mr. Lankester endeavours, and we think successfully, to show, is dependent essentially upon two conditions: upon high individuation, which almost involves slow growth; and upon small expenditure—both of a personal and of a generative character, the personal involving the exertion and waste requisite for the procurement of food. At first sight it might appear that fish constitute an exception to this statement, as their generative expenditure is enormous; yet, if genuine, we have in the pike an instance of the greatest positive longevity on record—one having been caught in Suabia with a ring attached to it indicating its age to be 267 years. But Mr. Lankester points out that fish are long-lived in consequence of the extremely small personal expenditure to which they are subject in their aquatic life. Mr. Lankester has accumulated many facts connected with the several classes of the animal kingdom which are full of interest; but there appear to be several classes of the duration of life in which we are almost entirely ignorant. In regard to man, he states definitely that there can be no doubt that cases have occurred where the age has exceeded 100 years; and we are quite able to substantiate this statement, as we have ourselves, at considerable trouble, fairly followed out one old man to his 101st year, having obtained both his baptismal and burial certificates. We recommend Mr. Lankester's work to our readers, and are sure they will be gratified with its perusal.

The Monthly Microscopical Journal. Edited by HENRY LAWSON, M.D. May, 1870. London: Hardwicke.—This part contains a short paper on the Reparation of the Spines of the Echinida, by Dr. Carpenter; short papers by Mr. Sorby and Mr. Hogg; an account of some experimental researches on the Anatomical and Functional Regeneration of the Spinal Cord, by MM. Masius and Van Lair, of Liege; observations on the Stephanoceros, by Charles Cubitt; and notes on Diatoms, by Professor Edwards; besides the usual excerpts. MM. Masius and Van Lair have arrived at the remarkable result, from their observation, that the spinal cord in the frog can recover, in the course of a month, a loss of substance which has taken place in its own tissues, and repair its primitive anatomical and physiological properties.

Logic. By ALEXANDER BAIN, LL.D., Professor of Logic in the University of Aberdeen. Part 1—Deduction. Part 2—Induction. London: Longmans and Co. 1870.—We may express in a few words the opinion we entertain of this work from some little study of it. It is one of the best, as it is the latest book, on the subject of which it professes to treat. The author tells us that he has aimed at embracing a full course of logic, both formal and inductive. A separate division is appropriated to the logic of the sciences. The review comprises all the theoretical or fundamental sciences—mathematics, physics, chemistry, biology, and psychology,—the sciences of classification or natural history, and the two leading practical sciences, politics and medicine. If writers on medical and physiological science would only read, mark, learn, and inwardly digest a good text-book such as this, what a diminution in the quantity, and an improvement in the quality, of their contributions would take place! Professor Bain has laboured conscientiously to render his book a very complete one, and we can heartily recommend it to our readers.

The principal Baths of Rhenish Germany. Being a portion of the "Baths of Germany." By EDWIN LEE, M.D., &c. Fifth Edition. Churchill and Sons. 1870.—We have simply to announce this as the fifth edition of a well-known work, which its author tells us has been rewritten and considerably enlarged, with an appendix on Spa and its mineral springs.

Foreign Gleanings.

HYDATIDS IN BONE.

AT a meeting of the Berlin Medical Society, Dr. Küster related, with full details, a case of echinococci in bone. The patient was a labourer of twenty-two, who fractured his humerus, about the middle of the shaft, when twelve years old; good union took place. About ten years afterwards he was knocked down by a bull, and suffered a fracture of the same bone just above the condyles. A plaster-of-Paris apparatus proved of no avail, a second was not more successful, and he was sent to the hospital. The surgeons at first considered that the former bandages had not been sufficiently tight; rubbing of the ends of the fragments was effected, and the arm and shoulder well secured. This first dressing turned out fruitless, as also did two subsequent ones; and Dr. Wilms, who had charge of the case, resolved to use ivory pegs. The gimlet, with the slightest effort, sank freely into the bone, and *pus* issued from the opening thus made. The idea of inserting pegs was therefore given up, and the arm kept quiet. Feverishness and severe swelling ensued, and Dr. Küster was obliged to make two lateral incisions, which freed some pus and peculiar-looking membranous shreds. These turned out to be portions of hydatid cysts. A drainage tube was then inserted, and on each dressing vesicles of ecchinococci were discharged, varying in size from a flax-seed to a goose's egg. This escape of hydatids lasted about four weeks, when both echinococci and pus disappeared. The limb was now attacked with erysipelas, at the termination of which the ends of the fragments remained bathed in a sanious fluid. Soon afterwards the elbow-joint inflamed, and unmistakable symptoms of pyæmia set in. Dr. Küster now disarticulated the limb at the shoulder-joint. On an examination of the part, an extensive purulent infiltration of the intermuscular cellular tissue, up to the shoulder, was discovered. A large sac, full of pus, surrounded the ends of the ununited fragments. In this pus, cysts, varying in size from that of a cherry to a nut, floated about. In the surrounding muscles about twenty small cysts were detected, some the size of a pin's head, others as large as peas, and everywhere a communication with the principal purulent sac could be made out. The author states that no case of hydatids in *muscles* have been recorded since Dupuytren observed them in a case of hydatids of the humerus. On making a longitudinal section of the bone, the medullary substance was found to have been destroyed, a complete vacuum being observed in its stead. Such a case shows plainly how we may be far from the mark when we attribute non-union to some defect in the constitution, to malposition, to imperfect treatment, to a piece of membrane or muscle between the fragments, &c. &c. Dr. Küster has taken the trouble to collect the cases of a similar nature scattered in books and periodicals. He finds only 21 or 22, one case being doubtful. Tibia, 5; cranium, 4 (1 doubtful); spinal column, 3; pelvis, 3; humerus, 3; femur, 2; phalanx of finger, 1. In five there was fracture; non-union of course ensued, but there had mostly been some swelling of the bone, which broke on the slightest provocation. In most cases there were no symptoms leading to the suspicion of hydatids. The case of Messrs. Dickenson and Crompton is quoted (where is it consigned?) where a girl broke her humerus by a fall on the staircase; non-union was treated by a seton, and the pus contained hydatids. (Could not the latter have been found in the pus independently of the fracture?)—*Med. Centr. Zeitung*, April 22nd, 1870.

DREAMING AWAKE.

Dr. Faure communicates to the *Gazette des Hôpitaux* the case of a wine porter, about forty years of age, whom he found in a state of high fever with excitement. The patient related to him that whilst out with his cart, and having a sum of money in his pocket belonging to his employers, he had quarrelled with a cabman; that he had received a severe blow; that the cart had backed into a looking-glass shop, and had smashed a great quantity of property. The blow had stunned him, and he had recovered after receiving assistance in a neighbouring house. He was afraid of telling his misfortune to his family, and felt great distress at the event. Dr. Faure prescribed for him, and on inquiry found that nothing had happened. It was but a dream, which had begun in the night, from the Wednesday to the Thursday, and which continued on his awaking. The delusion continued up to the Sunday, when, after spending a sleepless night, and grieving over his mishap, he had an hour's sleep. On awaking the dream had ceased, and the patient was well.

SHOT, A REMEDY FOR ILEUS.

Dr. Maydieu, of Argent, in France, states in the *Journ. de Méd. Prat.* (quoted by the *Bulletin de Thérap.*, May 15, 1870) that for seventeen years he had treated cases of ileus by the means recommended in books, and had always failed. Four years ago he tried the old remedy of heavy substances ingested into the intestinal canal, and has been invariably successful *in the twelve cases* which have latterly come under his care. Instead of actual bullets or crude mercury, M. Maydieu uses shot No. 5. About seven ounces are carefully and repeatedly washed, then mixed with four ounces of olive oil, and the patient takes a dessert-spoonful of the combination every half-hour. Five or six hours afterwards the vomiting ceases, gases are expelled, and an alvine evacuation is obtained. The author does not, however, neglect other means, such as warm baths, soothing applications, &c., and especially insists upon enemata with milk and honey—viz., one pint of the former to three tablespoonfuls of the latter.

CONSERVATIVE SURGERY.

Dr. Bérenger-Féraud has undertaken, in the *Gazette des Hôpitaux*, a review of the published cases where mere shreds separated from various parts of the body have been successfully re-adjusted. The cases include partial or complete severance of portions of the nose, ear, tongue, fingers, hand, wrist, forearm, arm, and leg. These data, collected from many sources, and entailing a vast amount of trouble, will be extremely useful to those who wish to base their opinions of conservative surgery on actual facts. The first article appeared in the above-mentioned periodical of May 7, 1870, and will probably be followed by many others.

THE CAUSE OF DEATH DURING INHALATIONS OF CHLOROFORM.

Dr. Jeannell considers that the fatal issue is principally owing to the terror felt by the patient before the operation, and advises the following precaution. When consent has been given to an operation, the patient should not be made acquainted with the precise day. Whilst he is quietly in his bed the chloroformist should pay him a visit, and say that he wishes to learn whether it will be possible to

make him sleep when the day of the operation shall have come round. The patient, without fear or apprehension, submits to the trial, and, when he is narcotised, is carried into the operating theatre, where the operation is at once performed. All this is done without exciting the least anxiety in the patient, and his placidity removes the danger which arises from nervousness and trepidation.—*Gazette Hebdomadaire*, May 6th, 1870.

MARRIAGE AMONG PHTHISICAL PATIENTS.

Dr. Hartsen has published, in Virchow's *Archiv* (vol. 49, 1870), an article in which he brings forward various arguments wherewith he seeks to prove that marriage should not be given up by persons affected with phthisis pulmonalis. Upon this Virchow himself steps forward, and refutes, *seriatim*, the reasoning of Dr. Hartsen. He contends that young consumptive men have been known to die a few months after marriage; that tubercles, with them, develop rapidly in the testes, vas deferens, and prostate gland; that the issue will undoubtedly suffer from phthisis; that consumptive women are placed in similarly unfavourable circumstances; and that we are no more justified in advising marriage to phthisical patients than to those who carry in their organism the germ of insanity.

THE ROYAL COLLEGE OF PHYSICIANS.

DR. RISDON BENNETT'S LUMLEIAN LECTURES ON INTRATHORACIC CANCER.

LECTURE III.

In the third Lumleian Lecture, delivered on the 8th ult., Dr. Bennett continued his description of mediastinal tumours. Their anatomical seat and the consequent symptoms, he observed, vary greatly, and the latter are influenced more by the site of the tumour than by its actual size. Dysphagia in some has been an early symptom; in others, absent throughout. The same may be said of dyspnœa, spasm, and cough. In more advanced stages of intrathoracic cancer, the kind of inflammatory action and the presence of effusion may present great difficulties to diagnosis. In six, out of the thirty-nine cases, there was copious effusion into the pleura; but, on the other hand, the physical signs of effusion are sometimes closely simulated by a large cancerous tumour where no fluid exists. Neither the form of the chest nor the shape of the intercostal spaces will protect from error. In a little girl, a patient of Dr. Sutton's, great dyspnœa, absolute dulness over the left side, with respiration inaudible, and vocal fremitus absent, except near the spine, bulging of the side, and displacement of the heart beyond the right nipple, seemed to point so certainly to pleurisy that two fruitless attempts at paracentesis were made, but after death the entire left side was occupied by a mass of medullary cancer. In similar instances importance may be attached to the peculiar sense of resistance under percussion which has been observed in many of the cases of solid growths. In some instances early effusion occurs, and is subsequently absorbed; in others effusion occurs late in the disease, and is of a passive character. Pain is a common symptom of all forms of cancer within the thorax, but it is not usually severe or of a special description. In at least half it was an early symptom; in many it was temporary; in more than one sudden and transitory. As a rule, it is a less prominent symptom than in the case of cancer. The diagnosis between tubercular enlargement of the bronchial glands and commencing cancer is often difficult, and the same is true of some forms of early phthisis.

A remarkable and almost unique case was related of a young gentleman, aged nineteen, who suffered for a short time from occasional attacks of dyspnœa, which suddenly became continuous and intense; and, after three days of extreme difficulty of breathing, he died. The only other symptom was some gradual enlargement of the root of the neck. After death it was found that the thyroid body was greatly enlarged, and the lobes had passed down behind the top of the sternum, and had grasped and compressed the trachea so as to leave a scarcely perceptible chink between the two surfaces of the mucous membrane.

After glancing at the occasional involvement of the osseous parietes in intrathoracic cancer, the lecturer considered the cause of the occasional consolidation and disintegration of the lung itself, which was exemplified in one of the cases. He believed Dr. Gull's explanation to be correct, which refers the lung changes to pressure, not so much on the arteries or nerves, as on the sympathetic plexus. Paralysis of the bronchi results, which incapacitates them from emptying themselves of their contents; hepatisation and purulent infiltration follow. Three distinct conditions of lung are met with in mediastinal tumours. First, the ordinary compressed, collapsed, airless lung; secondly, that in which the volume of the lung is retained, and its tissue has undergone a general process of disintegration, the bronchus being blocked up; thirdly, with augmentation of volume or not, where the lung is partly invaded by a cancerous mass, and partly remains free and air-containing. These are generally associated with enlargement of the affected side.

Dr. Bennett then briefly alluded to some cases of primary cancer of the heart. In each the principal symptoms were irritability of stomach and a sense of sinking and exhaustion; and death occurred by sudden syncope. In conclusion, he regretted that in the account of cases of intrathoracic cancer he had been obliged to consider only the natural history of the disease, and could say nothing new on the still hopeless subject of its treatment.

THE ARMY MEDICAL SCHOOL AT NETLEY.

The introductory lecture given by Professor Longmore, C.B., at the commencement of the twentieth session of the above school has been published, and we have had an opportunity of perusing a copy of it. When the present session is over, the School will have completed the first decade of its existence. Since the date of the first lecture, Sydney Herbert and many others have passed away. Prof. Longmore tells us that, both branches of her Majesty's service included, 730 candidates have passed through Netley, 485 of whom belonged to the general service, and 245 to the Indian service. Of the former, 424 only are holding commissions as assistant-surgeons at the present time, showing a diminution, from various causes, exclusive of promotion, of 61, or one-eighth of the whole number. During the last three sessions there have been no candidates for the British Medical Service at the School; and, as there is still a considerable excess unabsorbed, owing to reductions in the Army, it seems probable that there will be none for several sessions to come. We adverted last week to the stagnant state of the service as regards promotion; and Prof. Longmore is compelled to admit that the prospect of promotion is a distant one. We fear that no relative rank, or abolition of the title of assistant-surgeon, will compensate for this. After a time the most zealous become lukewarm and disheartened by a long continuance in a subordinate position, and the dead-level prospect in front of them. The introduction of a system of compulsory retirement of the inspectorial ranks seems to us to be demanded.

Professor Longmore's audience was mainly composed of medical officers already in the service, and he therefore took occasion to allude to the proposed change in the organisation of the department which either has already or is about to take place—the discontinuance of the double classification of its members into staff and regimental. The importance of the change cannot, he thinks, be over-rated; and it had, in his opinion, become necessary, and would prove highly beneficial. In support of this position, he cites the examples of America and Germany, quotes the opinions of Inspector-Generals Muir and Mouat, and alludes to the ineffectiveness of the double system in times of actual war. He refers to the analogy between the medical and engineer officers of the army, in that both are partly employed in occupations common to civil and military life. It was not, he tells us, until about a century ago that the engineers formed a regular part of the Army establishment. At first they were retained as civilians, subsequently receiving military titles, but only relative or honorary rank; and, finally, the sappers and miners, with their officers, were fused into one corps, that of the Royal Engineers.

The lecture is a good one; the points are put clearly and forcibly; but whether they will carry conviction to the minds of regimental officers is quite another matter.

THE LANCET.

LONDON: SATURDAY, MAY 21, 1870.

THE more the Medical Bill is considered, and the more it is amended, the less do critics seem to think of it, and the more necessary does it appear for the profession to oppose it as an altogether unsatisfactory and incomplete measure. Everybody has been considered in this Bill and its amendments, except the profession which it is to regulate. The examining bodies, both universities and corporations, the present Medical Council, homœopathists, and men with foreign diplomas, are all able to point out clauses introduced into the Bill or its amendments for their special benefit. But the voice of the profession at large is regarded with a contempt that is complete. If the profession allows this Bill to pass in its present form, it will be more powerless than ever. As it is, Government simply disregards its wishes, and scarcely deigns to give any reasons for doing so. But if this Bill should become law, and virtually give a new lease to a Medical Council which does not recognise the great body of general practitioners, and which is full of corporations whose individual licensing powers the Bill terminates, we may bid adieu to public spirit in the profession, and to any attempts to increase the interest in and the respect for the doings of the General Medical Council. Henceforth we shall be under the joint governance of the Medical Council and the Privy Council.

The Bill has its origin in the scandal of nineteen rival licensing bodies. But while abolishing this scandal, it leaves these bodies exactly where they were in the General Medical Council, with the same representation, with more temptation than ever to talk and haggle over their material interests, and with only the most unsatisfactory control over the examinations, which are likely to be mainly conducted by the same bodies as heretofore.

Let us consider for a little the principal amendments which the Lord President laid upon the table on the occasion of the second reading of the Bill. The first of these is the amendment of the seventh clause, which gives up, for the Privy Council, any power of *modifying* the schemes submitted to it by the General Medical Council. It retains for the Privy Council the power of confirming the schemes. If the Privy Council does not see fit to do this, "if it refuse to confirm any scheme, the General Medical Council may frame and propose a new scheme." We have already expressed our objections to the Privy Council having even this much power. The power is, in the first place, a deep reflection on the ability and independence of the General Medical Council. The Privy Council virtually means its medical officer. Is it to be admitted that one man, even Mr. SIMON, has any right to claim a power to set aside a scheme agreed on by a number, a large number, of the most distinguished members of the medical profession assembled in Council? This seventh clause makes the Privy Council the receiver and considerer of all objections to schemes; and it gives a month for the reception of objections from all quarters. It requires little imagination to conjecture what a plentiful crop of objections would spring up in the course of the month from without, to say nothing of objections to schemes which would be likely to arise in the Privy Council itself. We protest that no Medical Council, rightly constituted, would need a check of this kind. Then supposing the Privy Council to object to a scheme, the whole "pantomime," to use Lord SALISBURY'S word, has to be acted over again. The scheme has to be withdrawn, and another scheme has to be presented. This means that the General Medical Council must be called together again, at a cost of nearly a thousand pounds per week. If the Government had faced the question of the constitution of the Medical Council, as any Government undertaking the amendment of the Act of 1858 was bound to do, there would have been no need to do this. A Council could easily have been devised in which the Crown and the profession should have been so equally represented with the corporations that there would have been perfect confidence in its decisions. The Government have incourageously refused to touch the constitution of the Medical Council, though every memorial they have received has complained of it, and asked for some modification. The letter of "Index" in our own columns last week showed how, consistently with a principle already recognised in the Act of 1858, the representatives of corporations may be reduced to one-half, by grouping two bodies together so as to be represented by one person, as the four Scotch universities are now represented by two gentlemen. If the Council were thus shorn of half of its present representatives of medical bodies, two good consequences might result: first, its decisions would be more respected as being presumably more independent and disinterested than at present; and, secondly, room would be made for a few members directly to represent the profession. Apart from some reduction in the size of the present Council, it is idle to talk of a direct representation of the profession. The idea of adding twelve new members to the present bulky Council is simply absurd and impracticable. Last year the Council exceeded its income by seven or eight hundred pounds. The excess this year will probably be much greater. And we tremble to think of the financial consequences which may result if this Bill should become law, and the "pantomimes" should be as frequent as may be anticipated.

There are indications that the opposition to the Government Bill will be principally narrowed to these two points—the subjection of the schemes of the Medical Council to the confirmation of the Privy Council, and the constitution of the General Medical Council, at once so costly and so unsatisfactory to the medical profession.

There are other points however, and these of no slight importance. Clause 18 being omitted by the amendments of the Lord President, there is nothing to prevent the medical authorities granting various and valuable medical titles and degrees to persons not licensed by the Conjoint Board. As we have already pointed out, men will practise on the strength of such titles and degrees, although they be not licensed. And it would be impossible and absurd to speak of or to prosecute such men as unqualified practi-

tioners. If all bodies were as careful of their honours as the London University is, there would be little objection to this concession. But it is notoriously otherwise. And there would be the same fatal temptation to impecunious bodies to sell their titles as heretofore; and a greater, for the passer of the Conjoint Board is to have a severe examination and only a tame title, whereas the passer of the examinations of the other boards may have a high-sounding title with, possibly, a very inferior examination. The omission of Clause 18 is tantamount to driving a coach and six through the Bill. If this omission is to hold good we shall have two classes of practitioners—the qualified, and the licensed; so that it will be more difficult than ever for the public to understand true medical qualification; and, as now, it will happen that the best title will not necessarily imply the best examination.

We allude elsewhere to a clause that is inserted clearly in the interest of homœopaths.

We advise medical men in every town to communicate as a body with their representatives in the House of Commons, and to urge on them to insist upon two points—a reformed Medical Council, and an independent one. If the Government will concede a new Medical Council, with more of the profession and less of the corporations in it, will content itself with a representation in the Council, and agree to the insertion of a modified Clause 18, then the Bill may possibly do good and raise the tone of professional education. If not, it should be decidedly rejected. The profession is not so powerless as the Government seems to think. At any rate let us hope not. If it does not exert itself to a contest with the Government on this Bill, it is powerless indeed.

THE appearance of women in the character of public reformers may almost be said to date from the commencement of the Social Science Association in 1857; such prior action as that of ELIZABETH FRY and a few others being manifestly exceptional, and being moreover, as a rule, the result of extraordinary personal fitness for the special work that was performed by them. The Association, however, took the initiative in marshaling women into organised battalions, and in encouraging them, independently of any personal fitness, to enter upon the active discussion of public questions. The change was nothing less than a revolution; and, like many other changes, its full effects were not at first, and probably are not yet, entirely disclosed to view. It is of course possible that these effects may ultimately be such as all mankind will welcome, and that a time may come at which women will publicly exercise an influence upon questions of law and morals that shall be of advantage alike to their sex and to the community. At present this prospect has not been realised, and we are passing through a transition period of cloud and storm. Women, as we had occasion lately to observe, must emancipate themselves from many trammels before they can take part in public questions at all; and it follows, almost of necessity, that this emancipation will usually be first effected by those who may be described as persons of more determination than delicacy. It equally follows that those who are the first to copy such ringleaders will often be more conspicuous for other qualities than for wisdom. The same law of nature that produces the rancour of a renegade, or the eagerness of a pervert to proselytise, operates in inducing women who have once forgotten modesty to rush into frantic transgressions against propriety. And it has happened that the female social reformers of our own time, instead of being content to feel their way from easy questions to difficult ones—instead of being content to train their faculties and exercise their powers upon matters indisputably within their province, and upon which men can meet them without shame and help them without embarrassment,—have rushed at once to pour forth their uninformed and impulsive sentiments about problems of the very existence of which the more decent members of their sex are absolutely ignorant, and of the conditions of which those who speak the most are hardly better informed. One result of this activity has been to give us an energetic female demonstration in connexion with prostitution and the Contagious Diseases Act. We do not hear that this demonstration has taken any practical or useful form. We do not hear that hospitals or refuges have been increased in number, or that efforts have been made to provide women with such education and such employment as may assist them to earn their bread otherwise than by their reproductive organs. We hear only of an outcry for free trade in these organs—an outcry similar, in its morality and in its regard for truth and right, to the arguments that are used to defend the adulteration of food, or any like abuse with which commercial interests are bound up. And as soon as women have had the hardihood to assume this position, men whose vices are of the feminine type have been found ready to ally themselves with them, and to abet them in publishing, and in distributing broadcast in English homes, and among decent people, leaflets and pamphlets which may fairly take their places side by side with the literature of Holywell-street. We have known instances in which virtuous and pure-minded ladies have heard for the first time of the existence of an organised trade of prostitution, and of the evils springing from it, by means of papers sent to them through the post by some Association of women apparently lost to all sense of decency, and written for their perusal by men whose compositions add no lustre to the ministerial office. And the worst of these publications is their carelessness about truth. Those who write and who circulate them have no object but to gain a victory on a point on which their emotions or their interests are engaged; and their statements are dictated either by the blindness of passion or by the recklessness of venality and ignorance. In the storm of words the poor prostitute is in much danger of being simply used as a counter by her self-styled friends; and her health and welfare are staked, without hesitation or concern, in a game in which party prizes are open to the players. All this is not unnatural, but still it seems hard. It seems hard that wise men should have gone on labouring, year after year, at the toilsome work of sanitary reform, gradually winning the ear and the attention of the public, and slowly forcing upon the minds of the thoughtful the conviction that health is something at once worth securing and capable of being secured; and that then there should arise a tempest that threatens to endanger the

stability of one part of the edifice that was being raised so carefully—a tempest in which truth is disregarded, in which the voice of reason is drowned, and in which the unscrupulousness engendered by absolute want of knowledge is deemed to be the best possible qualification for a championship in the fray. Of course there can be no doubt about the ultimate issue; although there may be doubt about the steps by which that issue may be reached. Emotional clamour tends surely and necessarily to self-exhaustion. Those who now raise it may possibly, at some critical time, when there is a thin House of Commons, or when parties are balanced, snatch a brief and delusive victory; but in the long run they will be defeated—to be remembered only in the same category with the opponents of gaslight or of vaccination. About this we have no concern; but we have deep concern that, in this matter, women should be so conspicuously, as Mr. KINGSLEY says they have always been, "the slaves and tools of quacks and priests." Upon the question of the Contagious Diseases Act a few women are displaying a disregard of accuracy and truth that is much a result of faulty education, and a disregard of decency that is painful to witness. They bring the capabilities and qualifications of their whole sex into disrepute, and delay the attainment of that equality of privilege with men which they so loudly claim. It is much to be desired that they would study the history of thought; and would learn that, in social philosophy, as in all other matters, it is necessary to begin at the beginning, to collect and arrange data, to eliminate errors, to cultivate exactness, to subject the passions to the reason, and then to test the conclusions of the mind by experience. They would object that if they were to take the necessary time for the implied research and reflection, a great wrong would in the meanwhile be perpetrated. On this score they may be easy. If the Contagious Diseases Act be what its opponents describe it, the great object of those opponents should be to procure its extension—as the certain prelude to its utter and absolute repeal. If it produced only a tenth part of the evils which we are told would flow from it, it would be swept away in a month by the unanimous voice of the English people. It is precisely because it would produce no evils at all, that a few fanatics are eager to throw difficulties in its way, and that they have stirred up to their aid so large an amount of the wrongheadedness of their countrywomen.

AT the last meeting of the Council of the College of Surgeons Sir WM. FERGUSSON'S resignation of the office of Examiner was received and accepted. This step, which, so far as we know, is without precedent in one of the Court who has not attained the President's chair, must not be attributed to any failing of power on the part of the eminent surgeon who has thus set an example of self-abnegation, but is doubtless the result of a long-cherished design—that of separating the examiners in Anatomy and Physiology from those in Surgery. Sir WM. FERGUSSON has, we believe, long entertained the idea that eminent surgeons in large practice are not, of necessity, the best examiners in subjects taught in the schools and constantly open to fresh research and investigation; and we congratulate him on now *in propriâ personâ* setting an example worthy of all imitation.

Mr. QUAIN'S resignation is already in the President's hands; and we understand (though no notice was given to the Council of the fact) that Mr. HILTON does not intend to put himself forward for re-election when his quinquennial period expires in July, and we are glad that he will thus follow the example of Mr. KIERNAN, and give the provisions of the charter their full effect. There will thus be three vacancies to be filled up, which might readily be increased to four at any moment, since Mr. SKEY'S period of office will expire in October, before the winter examinations begin. That these vacancies should be filled up by the appointment of examiners in Anatomy and Physiology not on the Council cannot be doubted; and as the confirmation of the resolutions affecting the number of these examiners was a second time postponed last week, we would again urge the desirability of limiting the number to four, and thus leaving "six examiners of surgeons," as required by charter, for the final or pass examination.

Sir WM. FERGUSSON'S step in resigning his examinership will give a highly eligible opportunity of putting in force, for the first time, the 21st section of the charter of 1843, which provides "that the president and vice-presidents shall no longer be chosen exclusively from and out of the examiners, but from and out of all the members of the Council indifferently, *and whether examiners of the College or not*." We do not anticipate that the conservatism even of the College Council will venture to pass over a gentleman of Sir WILLIAM'S distinction on account of his not being still an examiner. When a surgeon rises to the eminence of being serjeant-surgeon to the QUEEN, and a baronet, it can matter little to him, perhaps, whether he occupies the president's chair or not; but the corporation which should refuse to avail itself of the *prestige* which would accrue to it from association with so honoured a name would inevitably stultify itself in the eyes of all thinking men. Whether the honour should be bestowed at once, or be postponed for a time in deference to other claims, is a matter which must be left to the Council's consideration.

THE special meeting of the British Medical Association, held in Willis's Rooms, to consider the Medical Bill, confirms what we have elsewhere hinted, that the dangers ahead in the course of the Medical Bill of the Government are represented in the two questions of the constitution of the Medical Council and its independence of the Privy Council. A very lively discussion arose in the meeting on the subject of one Board *versus* three Boards, and ended in a very excited division, which showed a great majority in favour of one Board for the whole kingdom. Professor HAUGHTON contributed principally to this result by advocating, with his usual eloquence, one Board, as the only way of securing true uniformity of examination, and removing once and for ever the objectionable distinctions between Irish, Scotch, and English qualifications. Dr. SIBSON, Dr. STEWART, and others spoke very earnestly against the one-Board arrangement. Dr. SIBSON reasoned that, in the practical and clinical nature of the examination required, there was a sufficient argument against a mode of examination practised by the University of London very efficiently in those subjects which admitted of examination by papers.

But this objection is not forcible, inasmuch as there are ample means, as was well said, of practically testing the chemical or the clinical knowledge of students either in Dublin or Edinburgh, or even in Birmingham or Newcastle. There was more reason in the objection that good examiners could not be got to conduct examinations peripatetically. But the truth of even this statement is very doubtful. The remuneration would be good, and the work not unpleasant. At any rate it would be possible to have in each place a certain number of the same examiners. This is an almost indispensable guarantee of uniformity in the examinations. Whatever the practical difficulties, the decided feeling of the meeting was in favour of one Board for the whole kingdom; and this feeling seemed not a little to disconcert the traditional leaders of the Association.

The vote on the other points was unanimous. First, that no Medical Bill can be satisfactory which does not provide for the direct representation of the medical profession; and, secondly, that the Association objects to the concession of any other power to the Privy Council than was given in the Act of 1858.

The British Medical Association, in regard to the first point, is open to the charge of being possessed with one idea, and that idea rather an impracticable one. It proposes the addition of a number of medical men to the present Council to represent general practitioners, without making any attempt to show how such an enlarged Council can either be paid for, or could work. What statesman would propose to add eight or twelve members to a Council that is already exceeding its income most seriously, and talking excessively. What is wanted is not only the addition of members to the Council to represent the profession, but also the abatement of the corporation element in the Council. The British Medical Association may offer very powerful opposition to this most unsatisfactory Bill. But if it will throw its influence into an attempt to reduce the number of representatives of medical bodies in the Council, it will deserve yet higher praise, and perhaps contribute materially to the passing of a satisfactory and statesman-like measure.

The speeches on the question of the Privy Council had the same one-idea ring about them. We entirely agree in objecting to the independent power of the Privy Council. But the proper course is to show the Government how, without retaining this power, to make the Council authoritative and absolute. This can only be done by diminishing the power in it of interested bodies. But no suggestion in this direction came from the meeting.

We concur with the Association in urging the refusal of this Bill, unless very radical changes are made in it. We hope it will concur with us in thinking that it must conjoin its demand for a direct representation of the profession with an equally urgent demand for reducing the number of representatives of corporations. In this joint demand, it seems to us, lies the solution of the present difficulties.

In the sub-district of High Wycombe 113 deaths occurred last quarter, and out of these 18 were the result of small-pox, 10 of scarlet fever, and 2 of fever.

Medical Annotations.

"Ne quid nimis."

THE LATE SIR JAMES SIMPSON, BART.

SINCE the death of Dr. Chalmers, in 1847, Edinburgh has not witnessed a more numerously or variously attended funeral than that of Sir J. Y. Simpson, on Friday, the 13th. The procession itself cannot have numbered fewer than seventeen hundred persons, including, as it did, representatives of nearly every society, sect, or corporation of any importance in the city. The various learned bodies with which the deceased was connected, from the University and the Royal Society to the humblest associations for the advancement of medical, literary, and antiquarian research, contributed to swell the multitude of mourners; while the array of students and delegates of the different religious denominations in which Edinburgh abounds was almost a host in itself. Along the line of route, from Sir James Simpson's residence to Warriston Cemetery, a distance of about a mile and a half, the general public was drawn up in dense and decently disposed ranks, and in the cemetery itself a numerous company, consisting chiefly of ladies, was assembled on a knoll in the centre of the ground, commanding an excellent view of the solemn ceremony. The grave was in the family burying-ground, on the north slope, and Sir James, amid deep and impressive silence, was laid beside several members of his family whose names are inscribed on a handsome pyramidal tombstone. No more fitting place could have been chosen for a mausoleum which will always remain a point of pilgrimage for the visitor to Edinburgh. From the ridge that runs from east to west through the cemetery can be obtained, on the southern aspect, one of the finest views of Edinburgh—the Castle Rock, and the lofty houses of the Old Town, as it slopes to the base of Arthur's Seat, being seen to great advantage. On the northern, again, the spectator enjoys a splendid view of the Frith of Forth, with the Ochill Hills far to the left, and the Bass Rock in the distance rising solidly and grimly on the right. The scene was one of which Sir James Simpson was peculiarly fond, and to which he doubtless had the sad yet proud consciousness that his grave would attract the steps of the stranger for generations to come. It will be long before Edinburgh ceases to take a pensive pleasure in haunting the spot. There is hardly a public interest within her gates that does not feel the loss of her most brilliant citizen. Even in the lowest view of all, she has experienced a privation which she will not speedily repair; indeed, we learn from one who had the best opportunities of knowing, that such was Sir James Simpson's power of attracting to the city the high-born and the wealthy as patients, that £80,000 a year would hardly cover the aggregate loss individually borne by hotel proprietors, lodging-house keepers, and tradesmen! What she will miss in other and nobler respects we have already tried to indicate. But she still enjoys the memory of his life, and the bequest of his example, and steps, we believe, are being taken to perpetuate his sculptured presence in the city which was privileged to reap the immediate benefit of his genius and his humanity.

PHYSICAL SCIENCE AT CAMBRIDGE.

OXFORD is not superior to her sister of the Cam in physical exercises. Is she to retain her undoubted superiority in physical science? This is a question which was answered in the negative at a meeting in the Arts School of Cambridge on Saturday, the 30th ult., under the presidency of the Vice-Chancellor. A Professor and Demonstrator of

Experimental Physics, with the requisite accommodation and apparatus, is what Cambridge requires. Exclusive of the cost of an examination-hall, and of a capital sum of £6300 for buildings and apparatus for experimental physics, the Syndicate estimated the amount required at £3160 per annum, and propose to raise the funds from the Colleges; while the cost of apparatus shall be defrayed out of the Government stock, and the building out of the general fund for erection of museums. After the Master of St. John's and others had spoken, Professor Humphry made some important observations. Cambridge, unless she widens the basis of her culture, must fall into the rear. At Oxford, physical science is represented by a separate Chair, now held by Professor Clifton, who is furnished with every means of opening his class with the next academical year. Cambridge, however, must improve upon the Oxford exemplar; and, to make room for such a wider recognition of science, the question arose as to whether physical science ought not to take the place of something less popular. The Colleges, Professor Humphry did not doubt, were favourable to the grant of funds for the promotion of scientific education; but the University chest should not be dipped into too deeply. He recommended that the report be remitted to the Syndicate, with the suggestion of one of two courses—either that means be provided by private agreement, or that Parliament should be applied to for powers. The latter course was, if possible, to be avoided; but it would rest with the good sense of the Colleges to see the propriety of maintaining their efficiency by the practical recognition and support of science. He believed that they must be so impressed with the necessity of such a step as to contribute out of their own free will to its efficient realisation.

Professor Humphry's views have our hearty assent. If Cambridge be wise in time, she will not hesitate to strengthen her position, and improve her prospects, by establishing at her own expense a suitably-provided Chair in a branch of education which is daily adding to its claims on the respect of all educated men.

THE MODE OF PREPARING CHLORAL AND ITS HYDRATE.

SEVERAL of our readers having made inquiries of us respecting the mode of preparation of chloral and its hydrate, now so extensively used in the treatment of nervous diseases, we extract the following account from the "Traité de Chimie" of M. Dumas, t. v., p. 599:—"This compound, the name of which is derived from the first syllables of the words Chlorine and Alcohol, appears in the form of a clear, transparent liquid, oily to the touch, and staining paper like an oily body, though the stains disappear in a short time. Its density is 1·502. It boils at 94° C., and distils without alteration. The density of its vapour is 5·0. Its odour is penetrating, provoking a flow of tears; its flavour slightly oily. In the anhydrous state it is very caustic, especially when the skin is exposed to the boiling vapour. It readily dissolves in water, which takes up a large quantity without leaving any residue. When a few drops are allowed to fall into water, they settle at once to the bottom of the vessel in the form of an oleaginous liquid; but on slight elevation of the temperature, they immediately dissolve. The solution of chloral in water has no perceptible taste, but its characteristic smell is perceived if it be warmed. The liquid does not possess an acid reaction. No precipitate of chloride of silver is produced on the addition of the nitrate. If, instead of warming it with water, it be merely placed in contact with a few drops, it combines with it at once on agitation, with the evolution of heat. A few moments afterwards the compound assumes the form of a white, crystalline mass. If a few drops of chloral be placed in a flask containing moist air, the walls of the vessel become covered with delicate, stellate crystals, decussating in all directions, and composed of hydrate of chloral. When the chloral is not perfectly pure, containing a little water, it becomes cloudy after some days, and deposits from its watery solution a white body which may be called insoluble chloral. Chloral dissolves iodine, bromine, sulphur, and phosphorus, especially when heated; iodine communicating to it a beautiful purple tint. The anhydrous metallic oxides have no action upon it. When the vapour is made to pass over warm and anhydrous lime, or baryta, it renders them incandescent; and, transmitted over iron or copper, it converts them into metallic chlorides, whilst they become coated with a layer of brilliant porous carbon. The *hydrated* alkaline oxides readily decompose chloral, leading to the formation of chloroform, formiate of the base, and a little chlorine proceeding from the decomposition of the chloroform. Nitric acid, even when heated, has no action on chloral. The best mode of preparing it in a pure state is to subject absolute alcohol to the action of dry chlorine. Great precautions are requisite, since, in order to act upon about half a pint of alcohol, 1200 litres of chlorine are required, and 1500 litres of disengaged hydrochloric acid have to be disposed of. The chlorine, pure and dry, is transmitted through the alcohol contained in a large flask, from which an escape pipe leads to a large chimney. At first all the chlorine is converted into hydrochloric acid; but as the action becomes less energetic, the alcohol assumes a yellow colour, which, however, disappears on the introduction of a few fragments of charcoal. The temperature of the alcohol must then be steadily and continuously raised, whilst the current of chlorine is rapidly passed through the fluid, till almost its boiling point is reached. In twelve hours about six ounces of alcohol can be converted into chloral; but when larger quantities are required, the operations must be continued for two or three days. The liquor in the flask is mixed with two or three times its volume of concentrated sulphuric acid, and submitted to careful distillation, in order to free it from hydrochloric acid, sulphuric ether, and alcohol. As soon as the temperature rises, the chloral accumulates at the surface of the mixture, and rapidly volatilises. The distilled chloral is then placed in a retort with a thermometer, and boiled till its boiling point, at first lower, rises to 94° or 95° C. The remaining liquor should be redistilled with sulphuric acid, and again boiled. Lastly, it is to be distilled in a bath of common salt, after the addition of a small quantity of lime. To obtain the hydrate, it is only requisite to mingle it with its own volume of water, and evaporate."

REPRESENTATION IN THE GENERAL MEDICAL COUNCIL.

MR. JOHN GAY, at the last meeting of the Council of the College of Surgeons, gave notice of his intention, at the next meeting, to move the following resolution:—"That, in the opinion of this Council, provision should be made in the Medical Act (1858) Amendment Bill, now under the consideration of the Legislature, for the *direct* representation of the Fellows and Members of the Royal College of Surgeons of England in the General Medical Council of Education and Registration of the United Kingdom, and that a copy of this resolution be forwarded to the Lord President of the Privy Council."

Whilst applauding and sympathising with the spirit which has made Mr. Gay anxious to move in accordance with what he believes to be the feeling of the majority of his constituents, we cannot think that the course he is proposing to take will tend materially to the attainment of

the object he and we have in view. Even if the Council of the College consent to pass the proposed resolution a month hence, and to confirm it a month later, by the time action is taken the Bill will have passed or not passed the House of Commons, and the opportunity for alteration will be lost. But even supposing that by some fortunate accident the proposition were brought forward in time, it would still be open to the promoters of the Bill to say that it in no way affects the constitution of the General Council, and that it would be impossible to give effect to the proposed clause without considering the constitution of the General Council as a whole,—a matter which, we fear, will not be taken in hand this session.

We believe, and have always maintained, that the Fellows and Members of the College of Surgeons have, as a "corporation," the right to elect a representative in the General Medical Council; and one effect of the recent meetings of the College of Surgeons has been to open the eyes of the majority of the corporation to the manner in which this right has hitherto been usurped by the Council. As Mr. Cæsar Hawkins's term of office expires in July next, it would have been ungraceful and ungrateful to have tried the question of right of election in his case; but from all we know we feel sure that should the Council elect a successor to Mr. Hawkins without consulting the wishes of the corporation, immediate legal steps would be taken to try the right of that gentleman, whoever he may be, to take his seat in the General Medical Council; and he would have to defend his position at his own cost, for none of the corporate funds could be diverted to such a purpose. We trust the occasion may not arise, and that the Council, ceasing to lean upon the broken reed of a fallacious legal opinion, will throw the election open to the members of the corporation, and thus avoid the bitterness of a legal struggle.

THE CONTAGIOUS DISEASES ACTS.

AT a meeting of the Cheltenham Branch of the Contagious Diseases Acts Association, on the 28th ult., under the presidency of Sir Alexander Ramsay, Bart., some resolutions were passed, among which one was adopted to the effect that no valid objections have been raised on religious, moral, social, or physical grounds to the practical working of the above Acts, and that, in the opinion of the meeting, it was considered highly desirable to maintain and support the administration of the Acts on their present basis. The resolutions were signed by 14 clergymen, 32 military officers, 7 justices of the peace, and 32 medical men, all residents in the town.

And now that we are upon this subject, we may say a word or two on some articles that have recently appeared. To begin with a sensible communication in the *Echo* of the 13th inst. An English father, on behalf of his family, and of many, like himself, with growing sons and daughters, thanks the editor for not aiding to educate them in the mysteries of the Contagious Diseases Acts. We can only regard it as among the deplorable signs of the times that subjects of this kind are discussed in so many papers intended for general reading. Nor does the matter end here. We have seen papers and pamphlets circulated by the opponents of the Acts that seemed to us to be of a most objectionable character. To those, however, who desire to see the subject approached in an impartial and proper spirit, and discussed with the care and calmness that it deserves, we would commend an article in the current number of the *Contemporary Review*. Although we do not concur in all the views therein advanced, or consider them all practicable, some of them undoubtedly are so, and the article is, as we have said, a good one. The periodical inspection of houses of ill-fame is suggested, in order to prevent their inmates from being forced or cajoled into an immoral compact, such as is often the case at present. The writer alludes to the cant and claptrap at the basis of the objections urged about interference with the liberty of the subject. In speaking of the labours springing out of Christian charity and Christian self-sacrifice, he has to confess that there has often been a great waste of effort from the want of care and consideration in the means. He suggests that there should be a general central receiving house or refuge, superintended by ladies, with the assistance of a clergyman and medical officer, into which there should be no hesitation about receiving those who desired to reform. This central refuge might be in connexion with all the homes and penitentiaries throughout the country; and he makes a shrewd remark, to the effect that it will be found that a greater proportional success has been attained in small, unpretending houses than in larger establishments. As regards the internal administration and discipline of these places, he also offers some common-sense observations and suggestions.

THE COLLEGE OF PHYSICIANS AND THE BILL.

THE Royal College of Physicians has withdrawn its opposition to the principle of an examination for a minimum qualification to practise conducted independently of the corporations. The spectacle of the College, in full Comitia, listening to the Registrar's explanation of the necessity of making this concession, was amusing, even if somewhat humiliating. On a former occasion, when a Fellow had ventured to remind the College that its own Council had formerly made this very recommendation for a minimum examination by a board independent of the corporations, his remarks were met with loud reprobation by the Conservative party; and the usual agreeable insinuations were made that his projects were revolutionary, and his motives probably corrupt. On the present occasion the tables were reversed, and the Registrar had to confess, not only that opposition to the principle of an independent qualification to practise would be entirely vain, but that in fact the original recommendations of the Council of the College had been entirely ignored by the authors of the recent agitation against this principle of the Bill! Exactly so. The fact is (though Dr. Pitman did not say as much) that the College of Physicians went in for pure reform at first, because it seemed that pure reform would pay; but when there appeared a prospect that, by colluding with the other corporations, they might keep a fair share of the examination fees, they threw pure reform overboard, and went in for sham reform, in the shape of a minimum examination jobbed by a conglomerate of corporations! It is a little too late now to persuade anyone who knows the facts that the College of Physicians has acted sincerely in this business.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.

THE Annual Meeting was held at the rooms, 53, Berners-street, on Wednesday, April 27th, at eight o'clock, the president, Dr. Burrows, in the chair. The attendance was, as usual, very small, and it is much to be regretted that members cannot be induced to take more interest in the affairs of the Society by attending the general meetings.

From a statement read by the Secretary, it appeared that the amount annually granted to the widows and orphans had been increasing for some years at the rate of £200 per annum, the income remaining much the same. Eleven widows and 42 children had been added during the year to the number of recipients of grants, making a total on

the books of 58 widows and 53 children. The grants during the year amounted to £2705, the expenses to £252 14s. 2d., making a total of £2957 14s. 2d. expended. The interest on capital and subscriptions together made only a sum of £2799 14s. 1d., leaving the directors dependent on donations to be enabled to continue the same amount of grants as now given. The number of members was 439,—15 less than last year; but the falling off was to be accounted for by the unusual number of deaths among the older members. The president and directors gladly seize the opportunity of earnestly asking the members and friends of the Society to exert themselves to increase the income by procuring new members and annual donations, and to prevent by these means the sad inconvenience that would occur to the widows and children should it be found impossible to continue the sums now granted every half year.

MEDICAL EDUCATION.

SOME important modifications of the curriculum of study laid down by the College of Surgeons were effected by the Council of that body at its last meeting, and will be published in detail when they have been confirmed. The principal points touched by the new regulations are the introduction of the examination of actual patients by the candidates for the membership—a matter we have often insisted upon,—and a modification of the systematic teaching of surgery, by which the second course of theoretical lectures now demanded will be supplemented by a more practical one, including the application of apparatus, the performance of operations on the dead body, and the study of the relations of external anatomy to surgical diseases and injuries. The first regulation will be in force from March, 1871, and the latter ones will apply to students entering next October. These reforms will meet with general approval, but it may be doubted whether another proposal—to do away with the present *minimum* of lectures constituting a recognised course—will not open the door to a perfunctory performance of duty by lecturers who are not exposed to the healthy stimulus of competition.

RECENT INVESTIGATIONS ON DEGLUTITION.

MM. AUGUSTE WALLER and PREVOST state that in repeating the principal experiments of the late Prof. Rosenthal, on the effects produced on respiration by electrifying the superior laryngeal and pneumogastric nerves, they were struck by the occurrence of certain movements of ascent of the larynx in mass exhibited when the superior laryngeal nerve was stimulated. They soon ascertained that these were really movements of deglutition of a reflex nature, and they were induced to study the subject more carefully. The conclusions at which they have arrived are summed up in the following propositions:—

First, movements of deglutition can be obtained by the excitation of the central extremity of the recurrent nerves; of the vagi, providing the excitation is made above the origin of the superior laryngeal nerves; and, lastly, of the glosso-pharyngeal nerves in the dog and cat, though not in the rabbit. Secondly, a series of experiments made upon the rabbit with the special object in view of ascertaining, after the opening of the laryngeal, pharyngeal, and buccal cavities, what parts on being excited occasioned deglutition, and to eliminate gradually the excitor nervous agents by the section of the several nerves, showed (*a*) that in the rabbit the glosso-pharyngeal nerve takes no part in the reflex phenomena of deglutition; (*b*) the fifth nerve, supplying the velum palati, is the chief sensory nerve presiding over deglutition, for, after section of the fifth nerve on one side of the head, the act of deglutition can no longer be induced by excitation of the corresponding side of the velum palati; (*c*) the superior laryngeal nerve contributes to the reflex actions of deglutition by supplying the mucous membrane covering the epiglottis, the aryteno-epiglottidean folds, the superior borders of the laryngeal orifice, and chiefly that which covers the cartilages of Santorini; (*d*) the recurrent nerve contributes also by its sensory branches to the reflex phenomena of deglutition. The authors state that they have frequently noticed the occurrence of cough in electrifying the trunk of the superior laryngeal, recurrent, and glosso-pharyngeal nerves in the cat and dog. In the rabbit they occasionally observed coughing on excitation of this last nerve.

THE CLINICAL SOCIETY AND THE AMALGAMATION SCHEME.

A SPECIAL MEETING of the Clinical Society was held on Friday, the 13th inst., when the following resolutions were put to the members present, and carried unanimously:—

1. That the Society adopt the resolutions agreed to by the Committee of Delegates, as modified at the meetings of the Royal Medical and Chirurgical Society, held Feb. 22nd and March 14th, 1870.
2. That the Secretary be directed to communicate the preceding resolution to the President and Council of the Medical and Chirurgical Society.

The resolutions were proposed by Mr. Gascoyen and Mr. Croft, were seconded by Dr. Bristowe and Mr. Coleman, and were provocative of various remarks, favourable or hostile, from Dr. Meadows, Mr. Henry Lee, and others, Mr. Lee specially deprecating any undue haste in indicating enthusiastic adhesion to the scheme of amalgamation. Our chief and indeed sole object in bringing to the notice of our readers this meeting is to record the fact that the Clinical Society now leads the van in subscribing an adherence to the plan of union, and we consider that it is thus entitled to a certain meed of praise. For though this Society is as yet in its infancy, its success has been so undoubted, its presidency so distinguished, and its officers so active, that its foundations are now sufficiently secure to render any extraneous aid unnecessary, and indeed superfluous. It is therefore the more creditable that its Council have thus set an example by sending in an approval of the amalgamation scheme, whilst all other societies severally and collectively appear to think that their "strength is to sit still." We commend the line of action taken by the Clinical Society to the other learned bodies interested in this matter, and may assure them, parenthetically, that there are reasonable limits to "waiting and watching," and that, as this subject has now been fully discussed, some definite course of action should be at once adopted by all concerned in its satisfactory and successful solution.

THE DISCOVERY OF SURGICAL ANÆSTHESIA

IT need hardly be said that we, in common with the whole profession, are most anxious that the memory of the late Sir James Simpson should receive all due honour for his invaluable labours in connexion with the employment of anæsthesia in surgery; but it is necessary, in order that serious injustice may not be done to others, to correct certain statements that have lately appeared in the public papers. The letter of an "Englishman" which appeared in *The Times* of Wednesday last is full of errors. The application of ether to surgical anæsthesia was undoubtedly imported from America, where it was discovered in 1846; and this discovery preceded by a considerable time the invention of chloroform-narcosis, which was suggested to Sir James (then Dr.) Simpson in consequence of some experiments which had been made by Mr. Jacob Bell on the pro-

duction of anæsthesia by *chloric ether*. Dr. Simpson began his experiments with chloroform in October, 1847, and the first communication of their results was made to the Medico-Chirurgical Society of Edinburgh on the 10th of November, 1847. Her Majesty the Queen never took chloroform at the hands of Dr. Simpson, nor did she take it at all until the occasion of the birth of Prince Leopold in 1853; it was given to Her Majesty, both then and on the subsequent birth of Princess Beatrice in 1857, by the late Dr. Snow.

MRS. GLADSTONE'S CONVALESCENT HOME.

WOODFORD HALL, in Essex, within easy access of the East-end, has been converted into Mrs. Gladstone's Convalescent Home. The new residence is in every way an improvement upon its predecessors at Snaresbrook and Clapton. Few undertakings of late years have better merited the support of the profession than this of Mrs. Gladstone's, and we trust that no practitioner will let slip an opportunity of recommending to the community among which he labours the strong claim to support which Woodford Hall has earned. By its very nature a convalescent home, where patients must stay for weeks or even months, and be sustained by generous diet, cannot but be expensive; and though nothing can be better than the management of Woodford Hall, still the funds at the disposal of Mrs. Gladstone and her subordinates are subjected to a heavy drain. The subscriber may be assured that of all the charitable purposes to which his donation may be applied, there is really none which will yield a more satisfactory return than the Convalescent Home at Woodford Hall.

A NEW COIN.

WE have been favoured with a copy of a Report by Dr. William Farr, F.R.S., to the Statistical Congress held last year at the Hague, on the subject of International Coinage. If our present Chancellor of the Exchequer remains in office for any length of time, there is no knowing what we may come to one of these days; and, judging from certain deliverances of his in Parliament, it is upon the cards that he will endeavour to solve the difficulties lying in the way of the adoption by this country of an international system of money, weights, and measures.

In regard to money, there have been International Conferences, Royal Commissions, and all sorts of official and unofficial deliberations of late, with the object of bringing about an agreement between this and other countries as to the value which a single gold standard money of account ought to represent. And it is towards the settlement of this question that Dr. Farr has contributed the elaborate and characteristic Report now before us.

Our estimable *confrère* will, we hope, pardon a natural hesitation on our parts to follow him into the mathematical exposition of his subject, which no doubt is as conclusive as it looks to be; the historical parts we have read with interest, as they contain many curious facts which it is well to know. What is most important to us and to the profession, however, is Dr. Farr's proposition to substitute for the present sovereign a new gold coin of the value of twenty-five shillings, weighing ten grams (the weight of the sovereign being eight grams), and to be called a "Victoria." Of this new coin Dr. Farr says, "It will be a new guinea—a guinea amplified, beautified, and decimally divisible into convenient subordinate units." The principle involved in this standard of value has been adopted by Dr. Farr from the French economist M. Chevalier, and it is the obviously correct one of making current coins represent simple weights of the precious metals.

It is needless for us to point out how advantageous to medical men this new coin would prove. It would, in fact, do much towards restoring the guinea fee to something like the value it represented formerly. For it is pretty clear that a guinea in these days—to say nothing of the frequent loss of the shilling which ought to accompany the sovereign, but does not always do so—is not worth so much, commercially speaking, as it was fifty years ago; and we are not sure even that Dr. Farr's new twenty-five shilling Victoria would be an equivalent. But it would be a good approximation, and we sincerely hope the Government will adopt his suggestions.

BROADMOOR ASYLUM.

THE lamented death of Dr. Meyer, and the consequent vacancy in the post of superintendent of the asylum at Broadmoor, will enable us to see how far Mr. Bruce shares the conviction, now becoming general, that specialists in lunacy are a mistake. We trust he may afford an officer of proved merit and of general service an opportunity of showing that the medical treatment of lunatics is like the medical treatment of other people. From the peculiar circumstances of the Broadmoor inmates, the asylum is necessarily a life-long prison for most of them; and the opportunities of doing good are far more limited than they would be in an institution where the cure and discharge of patients are made objects of strenuous endeavour. Still, there is always scope for work for an earnest man, in whatever position he may be placed; and an experienced medical practitioner would find much in any asylum to furnish him with materials for thought and inquiry. We shall watch with peculiar interest for the appointment that will be made; and also for the reply of the Home Secretary to a question of which notice has been given by Dr. Lush, who evidently asks it in what may be called the "asylum interest."

PROMOTION FOR MERITORIOUS SERVICE.

WE perceive by the *Gazette* of the 17th inst. that Her Majesty has been pleased to approve of the promotion of Assistant-Surgeon James Jameson, M.D., 47th Regiment, to the rank of Staff-Surgeon, in consideration of his highly meritorious services during the recent epidemic of yellow fever at Trinidad. We understand that Dr. Jameson's services on this occasion obtained the warmest expressions of praise, and he is fairly entitled to our congratulations on having received an official recognition of them in the way of promotion. Dr. Jameson, according to the Army List, entered the service in 1857, and has, therefore, already served thirteen years as an assistant-surgeon; still he would not, under ordinary circumstances, have received his promotion, we presume, for some time. If we are correctly informed, he will be a supernumerary in the rank of Staff Surgeons, and, if so, his promotion will not prejudice that of others.

MEDICAL FEES AT INQUESTS.

THE sad tragedy near Swindon, already recorded in the papers, in which a poor girl of eighteen, unmarried and pregnant, left her father's house at midnight, and was found in the road dead from post-partum hæmorrhage at an early hour next morning, was the occasion of a discussion about the fees of Mr. Kenyon, the medical witness in the case. The corpse of the recently-born child was discovered in a neighbouring reservoir (which, if we are correctly informed, supplies the town of Swindon with water), and of this corpse Mr. Kenyon made a post-mortem examination without authority from the Coroner. His fee for doing so was necessarily disallowed, and, oddly enough, the Coroner permitted the jury

to discuss in court whether this fee ought to be paid or not. Still more oddly, the local paper states that the fee was disallowed "owing to the foreman strongly expressing his opinion that Mr. Kenyon should have obtained the authority of the *jury*" before making the examination. Medical men who are concerned in inquests have a perfectly well-defined position, thanks to the exertions in Parliament of the late Mr. Wakley. If they attend as witnesses, in consequence of a written order from the Coroner, they are entitled to a fee of a guinea; and if, on the authority of the same order or a subsequent one, they make a post-mortem examination, they are entitled to two guineas. But if they attend without an order, or if they make post-mortem examinations without order, they have no claim to any fee at all: and, in any case, the jury have no more to do with the matter than the village scold or the parish beadle. The question is for the Coroner, and for the Coroner only. If he requires medical evidence without a post-mortem, he summons the necessary witness. If he requires medical evidence of the facts disclosed by a post-mortem, he gives the necessary order. In either case the duty of the jury is to give a verdict in accordance with the testimony submitted to them.

THE BILL AND PSEUDO-MEDICAL SCIENCE.

IT was not to be expected that the Bill would be allowed to pass without somebody trying to get in a clause in favour of homœopathists and other fanciful practitioners. And such is the case. The following clause is included in the list of the Lord President's amendments:—

"If it appear to the General Medical Council that any attempt has been made by any medical examining board to require any candidate to adopt or abstain from adopting the practice of any particular theory of medicine or surgery, either by making such adoption or abstention a condition of admission to or passing any examination or otherwise, the General Medical Council may represent the same to the Privy Council; and the Privy Council may, if satisfied that such attempt has been made, by order, direct such medical examining board to desist from such attempt, and if the board fail to comply with such order, may, by order, dissolve the board."

We do not see that the Government need to have taken any notice of false theories of medicine. It might have left this to crotchety private members. But the above clause is, perhaps, as unobjectionable as any that could be framed. It does not require examining boards to recognise unscientific views; it simply provides that they shall not require any candidate to adopt or to abstain from adopting any particular theory. It leaves the board at liberty inexorably to require a knowledge of scientific medicine, and to reject the candidate if this is not possessed. It is impossible to supply all candidates with scientific discernment. The only thing a good board can do is to exact proofs of a knowledge of what, in the opinion of judges, constitutes medical art and science.

SCURVY.

AN East Indiaman arrived in the Thames some days ago with a large proportion of the crew disabled by scurvy. She obtained provisions from three vessels between the Cape of Good Hope and the Western Islands. An inquiry into the circumstances of the outbreak has been ordered by the Board of Trade, and we have to reiterate the opinion that it is the duty of the President to cause the result of these inquiries to be published in the daily journals, in order that the public may know how far the provisions of the Merchant Shipping Act of 1867 have influenced health afloat and so influenced favourably the safety of our ships at sea.

We have been just informed that the ship *Vasa*, of Grunstadt, has arrived in the London Docks with nearly all hands "down" with scurvy, five of the crew having been taken to the *Dreadnought* Seamen's Hospital at Greenwich. This ship is, of course, not within the jurisdiction of the British Government as far as health, provisions, and accommodation are concerned. It may not be generally known that Swedish and Norwegian vessels are not furnished with lime-juice or any special antiscorbutics, though cases of scurvy are seldom received from these vessels, because few go to ports east of the Cape of Good Hope.

UNIVERSITY COLLEGE HOSPITAL.

A MOST successful amateur concert was given on Monday last, at the Hanover-square Rooms, in behalf of a Maternity Institution, which it is proposed to connect with University College Hospital. Among the patients delivered at their own homes under the maternity department of this hospital, cases from time to time arise which show how desirable it is that provision should be made for the reception of some few of the more necessitous or difficult cases into a house especially devoted to the purpose, in which they might receive the benefits of nursing and attention more conveniently than in the very close, overcrowded apartments which some of the poorest among them frequently occupy. Such patients cannot, of course, be received into University College Hospital, and the mortality which prevails in establishments where a large number of lying-in patients are congregated together in one ward, or, indeed, under one roof, is against the propriety or advisability of imitating the already existing establishments of the kind. The proposition therefore made is to take a small house in the immediate vicinity of the hospital, and to fit it up with accommodation for a limited number of patients, each patient to be provided with a separate room. The nursing would be conducted by the nursing establishment of the hospital, under the medical supervision of the obstetric physician. Preference as regards admission would be given to cases demanding special care, and to the more necessitous of the applicants. The institution constituted as thus contemplated would furnish the means of receiving from seventy to eighty patients in the course of a year, as each patient would occupy a bed for a period of about three weeks.

EXTRA REMUNERATION FOR EXTRA SERVICES.

THE question of extra remuneration for extra Poor-law services has been discussed at the Sunderland Board of Guardians, in consequence of a recommendation that Dr. Evans should be paid £30 for services rendered in connexion with the prevalence of fever in his district. It would appear that Dr. Evans attended 2000 cases in the year, of which 200 were fever. For that he received £100 fixed salary, or less than would pay for the drugs. The payments for midwifery, broken limbs, &c., came to £127 more. For such a pittance Dr. Evans is called upon to reside in a locality where there is little or no hope of gaining a respectable practice, and where he is in continual danger from the prevalence of infectious disease. The guardians negatived the motion. The discussion exhibits their crass ignorance. How can they expect a medical officer to devote his time and skill to the proper treatment of fever if his services are thus undervalued? Do they consider how small a proportion of the cost of a fever case is the paltry shilling or two paid to the medical officer for his attendance? Prolonged illness means prolonged relief, more wine, more beef-tea, lengthened weakness or unnecessary death. How many widows and children are left upon the guardians' hands by the fatal effects of fever; and, instead of grudging the

doctor a moderate acknowledgment, they ought to encourage him by substantial proof that his energetic service will meet with fair reward.

PRESENTATIONS.

MR. R. H. JOHNSON, M.R.C.S., of Liverpool, has been presented by the Freemasons of the Temple Lodge in that city, with a handsome service of plate, to mark the esteem in which he is held by the brethren, and to commemorate the circumstance of his being the first Worshipful Master of the Lodge, and first Principal of the Chapter. Mr. Johnson has taken a very active part in the formation of the Lodge, and his zeal for its interests has thus been conspicuously recognised.

Dr. M'Cuaig, of Middlesborough, is leaving that town to enter on practice at Croydon, and the occasion of his departure from the former place has been signalised by the presentation to him of a silver salver, accompanied by fifty guineas, in recognition of his professional and private worth.

NORTH-EASTERN HOSPITAL FOR CHILDREN.

AT the Cannon-street Terminus Hotel, on Monday, a fancy fair and bazaar, in aid of the funds of the North-Eastern Hospital for Children, was opened by Her Royal Highness the Princess Louise. An address, setting forth the objects and resources of the charity, was presented to Her Royal Highness by Mr. Charles Reed, M.P., after which the Princess inspected the stalls, and made many purchases. The general public were admitted shortly before Her Royal Highness left; and at the close of the day a considerable sum had been collected.

FEMALE GUARDIANS.

WE regret to observe that the Poor-law Board, with characteristic vacillation, have resolved not to decide relative to the question whether Miss Burdett Coutts is or is not a member of the Bethnal-green Board of Guardians. We have seen a decision of the Poor-law Board in favour of the eligibility of ladies as guardians of the poor, and it is somewhat extraordinary that they should refuse to reaffirm their opinion in so important a case. That Miss Burdett Coutts would be a most eligible guardian no one will deny; and that the sick poor, and children especially, would everywhere gain from the sympathy of lady guardians there can be no doubt; in fact, we should rejoice immensely to see official ladies at the Board.

THE LEAMINGTON MUTUAL MEDICAL AID SOCIETY.

WE have not had long to wait for an instance of the extent to which the degrading proposals of the Mutual Medical Aid Society are likely to go. At Leamington, the following extraordinary scale of payments is being extensively advertised:—Where the rent is under £10 per annum, the annual fee for the family will be 10*s.* 6*d.*; for £10 rent and under £20, annual fee £1 1*s.*; for £20 rent and under £30, £1 11*s.* 6*d.*; for £30 rent and under £40, £2 2*s.*; for £40 rent and under £50, £3 3*s.* These proposals seem to be made by two self-constituted medical officers, who take this undignified method of underselling their brother practitioners.

BONE-LANE ALIAS MUD-LANE, WINDSOR.

OUR attention has rarely been drawn to a more dangerous or disgusting locality than the one indicated by these suggestive titles. At the present moment, however, the lane in question is impassable more from stench than mud, stench that is perceptible hundreds of yards away. It arises chiefly from two stagnant ditches, into which are emptied the slops of a score or two of cottages, the refuse of several open privies, and of some half a dozen pigsties. These ditches terminate in an equally stagnant brook, which is the receptacle of every conceivable abomination, and which winds along towards the town, and terminates in the common sewer leading by Frogmore to the river Thames.

What is the Windsor Board of Works about? Its attention has been repeatedly drawn to the matter. There is a public sewer in the turnpike road hard by; why should it not be used? Some fine day there will be an outbreak of disease amongst the residents and Life Guardsmen in the barracks near, and in the latter case the country may be called upon to pay heavily for local neglect.

CHAIR OF MIDWIFERY IN EDINBURGH UNIVERSITY.

DR. MATTHEWS DUNCAN'S candidature is not, it seems, to remain unopposed. Dr. Keiller, an obstetric physician of great experience and much acceptance as a lecturer, has announced his intention to contest the vacant professorship; while Dr. Alexander Simpson (a nephew of Sir James), and Dr. Coghill, are also expected to submit their claims to the curators.

DREADNOUGHT SEAMEN'S HOSPITAL.

WE omitted last week to announce the fact that Dr. Hughlings Jackson was appointed visiting physician to this hospital on the 6th inst. This appointment is a matter of congratulation to the Seamen's Hospital Society, in that its committee have secured the services of one of the most rising and industrious physicians of the present day.

A NOVEL LOCUM TENENS.

A LETTER has been addressed to the Galway Board of Guardians, drawing attention to the fact that the duties of the dispensary medical officer for the Arran Islands were being performed by a Protestant clergyman. It was stated that the reverend gentleman had been appointed "locum tenens" by the local Committee, during the absence of Dr. Bodkin, who had been permitted to go away on leave. The matter will, no doubt, be brought under the notice of the Irish Poor-law Board, who should issue some definite instructions to meet such cases, if they have not already done so.

AYLESBURY DAIRY COMPANY.

WE have recently paid a visit to the establishment of this Company at St. Peterbury-place, Bayswater, and minutely inspected the premises. We were not only much pleased with the completeness of the arrangements, but surprised at their extent, and their suitability for the great object in view—viz., the supply of pure and unadulterated milk, derived from some of the best pastures in the country, to the western district of the metropolis. This establishment will doubtless serve as a model for the erection of many others of a similar character; and nothing can be more marked than the contrast between it and the little dirty and confined rooms so often found in obscure streets and places, and which are misnamed "dairies." We took the opportunity of examining also into the quality of the milk-supply, and we found that the samples furnished an average exceeding 10 per cent. of cream. This is a very full average; but the public should be cautioned not to base their opinion of the quality of any milk-supply upon the amount of cream contained in any given sample, since this constituent of milk is naturally and normally liable to

very great variation. In conclusion, we feel assured that the Aylesbury Dairy Company will secure a large measure of that success and prosperity to which we consider, from the enterprise and intelligence displayed, they are so fairly entitled.

PROFESSOR HUXLEY, F.R.S., delivered a most eloquent and able address upon the Present State of Medical Education when presiding at the distribution of prizes in the Medical Department of University College, on Wednesday last.

THE lectures for the present year at the College of Surgeons will be resumed on Monday, the 30th instant, by Professor Birkett, F.R.C.S., who will deliver six lectures on the Nature and Treatment of New Growths. Mr. Hulke, F.R.S., will afterwards give three lectures on the Minute Anatomy of the Eye, in continuation of his course of last year. The lectures will be delivered in the theatre of the College on each Monday, Wednesday, and Friday, at four o'clock, until completed.

THE Thruston Speech, on the Progress of Medicine, was delivered in the chapel of Caius College, Cambridge, on Wednesday, the 11th inst., by Dr. Clifford Allbutt, of Leeds. After some introductory remarks, the speaker proceeded to point out that theory enters far more into the practice of all medical men than is generally supposed. The common distinction between practice and theory is illusory; and all good practice must directly or indirectly depend upon right reason. The speaker then sketched the history of the theories of therapeutics; and pointed out the direction of modern thought, and the changes in practice to which it is leading.

THE Academy of Sciences has awarded a prize of the value of about £100 to MM. Paulet and Jules Sarazin for their grand treatise and atlas of surgical anatomy. The award is as honourable to the givers as to the receivers. It is the spontaneous recognition of a work showing more labour and artistic accomplishment than most works published in our time. The French societies, in this principle of voluntarily awarding prizes for great books published voluntarily by their authors, set an example which our societies would do well to imitate.

THE death in India of Deputy Inspector-General Dr. Jephson, of the Army Medical Service, lately recorded, adds another name to the list of victims to cholera. At the time of his attack the disease was not prevalent at the station, and his was one of those sporadic cases so common and apparently so inexplicable in that country.

MR. STAPLETON'S Bill for Water-supply on Sundays by the Metropolitan Companies has fallen through from want of conformity with the Standing Orders of the House of Commons. It appears that it should have been brought in as a private and not as a public Bill.

THE small-pox epidemic in Paris appears to be gaining ground, for 179 fatal cases were reported last week, or thirteen more than in any previous week. Altogether this disease has caused 1745 deaths since the beginning of the present year. The general death-rate of Paris has been 10 per 1000 in excess of that of London for many weeks past.

THE official visit of Dr. Thorne to Penryn has resulted in most praiseworthy activity on the part of the local authorities, who are setting about works of drainage and water-supply in right earnest. The example is worthy of imitation in other places.

WE are informed that measles and scarlatina have been very prevalent of late at Woolwich. The latter disease is diminishing among the civil population, but a few cases have recently appeared among the children of the military.

THE Sheffield magistrates, entertaining the sound opinion that the wholesale poisoning of poor people must be stopped, have fined a butcher £10 and costs for having in his possession the carcase of a sheep unfit for food.

WE regret to hear that Dr. Lockhart Clarke has been dangerously ill from pleuro-pneumonia; he is now, however, convalescent.

BRITISH MEDICAL ASSOCIATION.

A SPECIAL GENERAL MEETING of this Association was held on Wednesday last, at Willis's Rooms, to consider the Medical Acts Amendment Bill introduced by the Government. The chair was taken by Dr. Chadwick, and the meeting was very numerously attended.

The CHAIRMAN, in opening the proceedings, said it appeared to him that the Government Bill had one great merit, one great fault, and one great omission. Its great merit was its adoption of one portal for the profession, for which the Association had long been struggling. Whether that principle was to be carried out by one board or three was a matter of great difficulty, and requiring grave consideration. The principle adopted seemed to point to a single board, and he hoped that Lord De Grey would be able to make some modification of the proposed plan of three boards, in order to secure the advantages which would ensue from one. He foresaw in the adoption of a board for each division of the kingdom a subversion of everything they had been doing. (Hear, hear.) He would say nothing, however, as to whether it would be policy to reject the Bill on account of its provision for three boards. The fault of commission was the giving so much power to the Privy Council. If the Medical Council were constituted as it ought to be, it ought to be able to manage the affairs of the profession without interference from Government, or from any other quarter. The great fault of omission was the absence of any provision for the direct representation of the profession, which was the more remarkable in a Bill introduced by a Government said to be distinguished by liberal measures and liberal ideas. Each of the points to which he had referred would be made the subject of a separate resolution, and he hoped that the question would be discussed with calm and dignified consideration. There was one point in the Bill which was particularly objectionable—the clause providing that no particular method of practice was to be held as a disqualification by the examining board. This was, he held, an unwarrantable interference with the exercise of judgment by the examiners, who ought to be thoroughly unfettered. The provision with regard to colonial and other degrees was also objectionable, and might open the door to great abuses. He would rather wait a year or two, and have a perfect Bill, than accept an imperfect measure like that introduced by the Government. He called upon the medical men of the country to exercise the great power they undoubtedly possessed in order to obtain that which was just and reasonable for the profession at large.

Mr. HUSBAND moved the following resolution:—"That the members of the British Medical Association have viewed with satisfaction the adoption in the proposed Medical Bill of one portal to the profession, which has been so long advocated by the Association; and tender their thanks to Her Majesty's Government for their recognition of so important a step for raising the standard of the profession." It was, he said, a matter of congratulation that, come what might, there would be no longer eighteen or nineteen examining boards contending, not which should most raise the standard of education, but which should get the most fees. He should be glad to have one board of examiners only, if it were practicable; but he thought, as a practical man, that it would be necessary to have three boards, as proposed by the Government, with a uniformity of fees and of practical examination. He trusted that the

meeting would be unanimous in support of the resolution; but he thought they should let the Government know that every constitutional expedient would be resorted to, rather than that the Bill should be allowed to pass without providing a proper representation of the profession on the Medical Council. (Hear, hear.)

Mr. HENRY LEE seconded the motion. He believed that if they showed to the Government that they were willing to do their own work, Government would be very happy to leave it in their own hands. If they expected Government to help them, they must begin by helping themselves.

Mr. SOUTHAM, of Manchester, supported the resolution, and proposed the addition of a rider recommending a single examining board instead of three.

The CHAIRMAN said that the proposal must be taken as an amendment.

Dr. HAUGHTON, of Trinity College, Dublin, seconded the amendment. A single board, he said, was absolutely necessary if they were not going to perpetuate the degrading practices of the past eleven years. The supervision of three boards by a central authority would be a myth. Quick-sighted students would soon distinguish between the boards; the intelligent and industrious among them would go to the board whose standard was the highest, while the lazy would go to that which presented the best chance of success. He believed that contempt would be cast upon the Irish and the Scotch boards; and, as Medical Registrar of Trinity College, he should feel it to be his duty to advise every student to go to London for his licence. There need be no difficulty in having examinations at different centres, as in the case of the University of London, the middle-class examinations at Oxford and Cambridge Universities, and those of the Society of Arts. He had reasons for believing that the Government would not be unwilling to accept the principle of a single board as a means of escaping from the difficulty in which they now found themselves, in arranging the details of the Scotch board. He believed that great evils would arise from three boards, and that they ought to unite in demanding from the Government, *pari passu* with the direct representation of the profession, a single board for the three kingdoms.

Dr. SIBSON opposed the amendment, and maintained that a wandering body of examiners would be found impracticable; and that mere written questions and answers would be of very little service in testing the candidates. Their great object was to abolish the infamous cramming system, and introduce a more practical method of examination. It would be impossible to get men of the highest eminence on a wandering examining board.

Dr. GIBBON thought that there would be no difficulty in obtaining well qualified men as examiners on a single board if they were properly paid. If three boards were established, it would be a mistake to say that there was only one portal to the profession, for there would be three.

Dr. RAMSAY said if they opposed the principle of three boards they might run the risk of losing the Bill. It was understood that the three boards were to be conducted on the same principle.

Dr. CARR said that he felt sure that the Government would not accept the principle of a single board. He did not think that the Scotch or Irish universities would like to have English boards sent to them. Though it was proposed to have three boards, there would be but one system of examination laid down by Government authority. He supported the original resolution.

Dr. SIMPSON, of Manchester, spoke in support of the amendment. He said it was impossible for any one to state what was the mind of the Government; and there could certainly be no harm in the meeting expressing its opinion on the question of a single examining board.

Mr. CLAYTON, of Birmingham, spoke in favour of the resolution, and urged the necessity of unanimity. With regard to the differences between the schools, he said they should be left to fight them out among themselves.

Dr. MCINTYRE spoke in favour of a single board, composed of members from the three kingdoms. He urged the profession to unite in demanding direct representation from the Government, on the ground of its own liberal professions and measures.

Dr. STEWART supported the original resolution, and maintained that a single board was impracticable.

Dr. WEBSTER, of Dulwich, supported the amendment.

Mr. HUSBAND having briefly replied,

The CHAIRMAN took a show of hands upon the amendment, and declared it carried. His decision was challenged by some of the supporters of the resolution, and after a very irregular and somewhat noisy discussion the Chairman said he would take a division on the motion and the amendment. The supporters of the two propositions were accordingly requested to range themselves on different sides of the room; this having been done, it was very obvious that the supporters of the amendment were in a considerable majority, and the Chairman accordingly again decided that the amendment was carried.

Dr. STEWART said he did not see how the deputation could go to the Government on a question on which there was so much division of opinion.

The CHAIRMAN said it would be simply the duty of the deputation to state what the decision of the profession was.

Dr. WATERS then moved, "That this meeting views with regret and disappointment the entire absence of any provision in the Bill for the direct representation of the profession in the Medical Council, and pledges itself to exercise every constitutional means to secure this vital and all-important principle in any measure of medical reform that may become law."

Dr. STEWART seconded the motion.

Dr. SEATON proposed an amendment to the effect that the Medical Council should be elected by the fellows, members, licentiates, &c., of the colleges and universities, which was seconded by Dr. RAMSAY.

After some discussion on the subject, a strong appeal was made to Dr. Seaton to withdraw his amendment, so that there might be no division on a subject of such great importance, it being stated that the principle of direct representation was one to which the Association had long since thoroughly committed itself. Dr. Seaton responded to this appeal, and withdrew his amendment, and the original motion was carried almost unanimously.

Mr. ROGERS HARRISON moved, "That this meeting of the British Medical Association offers its determined opposition to any Bill which gives to the Privy Council more extended or other control over the medical profession than is given to it by the Medical Act of 1858."

Dr. HALL seconded the motion, and said that rather than consent to the Bill he would struggle a little longer, and even do away with it altogether, thinking it better "to bear the ills we have than fly to others that we know not of." Though they might be defeated now, they would get their rights in the end.

The motion was then put and unanimously adopted.

Dr. DAVEY then brought forward a motion in favour of giving direct representation to the members and licentiates of the medical corporations; but the meeting rapidly thinning, he was not encouraged to proceed with it, and it was accordingly withdrawn.

The CHAIRMAN said, if there was a properly constituted Medical Council, the reform of the colleges would inevitably follow.

A vote of thanks to the Chairman brought the proceedings to a close.

DEPUTATION TO THE LORD PRESIDENT.

ON Thursday, at one o'clock, a deputation, not very numerous, waited on Lord De Grey to present the resolutions of the meeting of the Association on Wednesday, and to support them by various statements. The Lord President was accompanied by the Right Hon. Mr. Forster and by Mr. Simon. Amongst others we noticed Dr. Chadwick, Dr. Waters, Dr. Sibson, Dr. Dickson, Mr. Husband, Dr. Webster, and Dr. Murray. Very clear and decided statements were made by Dr. Chadwick, Dr. Waters, and Mr. Husband. Mr. Husband clearly but very respectfully intimated to Lord De Grey that the Association would use all constitutional means of opposing the Bill unless the direct representation were granted.

Lord De Grey promised to think over the representations made to him. Other questions, he said, must be considered. Amongst others whether the time was opportune for considering the question of the Council. He was not sanguine enough to think that the Bill would last for ever. He could

not honestly say that Mr. Husband's comparison of the Medical Council with the House of Commons would hold water. Whether a body should be representative or not depended on the nature of its functions. He did not know that he could say more. His Lordship could scarcely have said less to satisfy the deputation.

Correspondence.

"Audi alteram partem."

THE BOUGIE A BOULE AND THE BOUGIE OLIVAIRE.

To the Editor of The Lancet.

Sir,—As Mr. Foster has given up nearly all the points upon which he volunteered information, a few words will suffice to answer his letter and close the correspondence.

Mr. Foster admits that the instrument which he tried to palm off on your readers was not a bougie but a catheter. Comment is unnecessary. We now learn that he does not know the "bougie à bulbe" from the "bougie olivaire," but this is not surprising when we consider that Sir H. Thompson called the olivary bougie a "bougie à boule." Messrs. Maw have, unfortunately, perpetuated the last error, for in their illustrated catalogue, p. 23, is to be seen the unlucky bougie olivaire labeled "bougie à boule, as recommended by Sir H. Thompson." I did not refer to the metal "bulbous-ended sound" described by Sir H. Thompson at p. 182 of his Jacksonian Prize Essay, in 1852, for the simple reason that I did refer to Sir C. Bell, by whom the instrument had been invented and described twenty-seven years before; and I would beg your readers to remember that the instrument represented in Sir H. Thompson's work in 1852 was, even then, quite obsolete, for it had been for many years superseded by Leroy d'Etiolles' elastic bougie à boule.

Mr. Foster is unable to distinguish the difference between the employment of an instrument by a few surgeons and its general adoption. I am only too glad to state that the bougie à boule and bougie olivaire were (one or both) in the hands of Mr. Acton, Dr. H. Dick, and Mr. Quain, many years before I even saw them, for the simple fact will still remain on record that those instruments were almost unknown and unused in England till I adopted various means for making them known.

I remain, Sir, your obedient servant,

Portman-square, May 16th, 1870. W. F. Teevan.

ADMINISTRATION OF HYDROCYANIC ACID: A CAUTION.

To the Editor of The Lancet.

Sir,—I shall feel extremely obliged if you will again favour me (as you were kind enough to do so on a former occasion), by announcing the following in your valuable journal:—

Mrs. B——, aged twenty-three, a thin, delicate person, married, one child in arms, has been under my treatment for irritability of the stomach with dyspepsia since her confinement. On the 20th inst. I prescribed the following mixture: Hydrocyanic acid, eight minims; aromatic spirit of ammonia, one drachm and a half; soda mixture to eight ounces; two tablespoonfuls every four hours. On the 22nd inst. I paid her another visit; found her very much better indeed, and ordered a repetition of the mixture. On the 23rd inst. I was sent for in great haste to see Mrs. B——. I found her suffering from faintness, stupor, and weight in the head; nausea and vertigo, with loss of sight. I asked her what she had been taking. She said: "Well, sir, I must confess, the first bottle of medicine did me so much good that I thought I would take double the quantity of the last."

It may perhaps be of service to some of our junior practitioners to discuss this case as one of common poisoning by hydrocyanic acid, together with the symptoms, morbid appearances, tests, and treatment. Symptoms: When the dose is large, death is the immediate result; but if the dose does not exceed five to ten minims, it is succeeded by stupor and weight in the head, nausea, faintness, and vertigo, with loss of sight; followed by difficulty of respiration, dilated pupils, a small vibrating pulse, and syncope, which terminates in death, if no curative means be employed. Morbid appearances: No change of structure nor any trace of inflammatory action is evident, but a strong odour of the acid exhales from the stomach. Tests: The odour; but the only certain test is to add to the liquid a few drops of liquor potassæ, and afterwards a mixture of a solution of proto- and presulphate of iron. If prussic acid be present, a precipitate of a burnt brown colour will fall, which, on adding a little sulphuric acid, instantly changes to a bluish green, and gradually deepens to a beautiful full blue. If only the contents of the stomach be obtained, add some sulphuric acid, distil from a vapour bath, and test the product as above. Treatment: Administer, as quickly as possible, chlorine water, in doses of three drachms to one ounce of water; chlorine, also largely diluted with air, may be inhaled. Administer hot brandy-and-water, or camphor mixture, combined with liquor ammoniæ, or aromatic spirit of ammonia; oil of turpentine also, and the whole range of diffusible stimuli, will prove useful. The cold affusion should be immediately employed, with artificial respiration.

I am, Sir, yours truly,

Shilton, near Coventry, April 30th, 1870. A. T. A. Broeter.

FEMALE MEDICINE.

To the Editor of The Lancet.

Sir,—A letter signed "Medicus" appeared in the *Pall Mall Gazette* yesterday, on the immodest side of the question of woman's medical education. The writer, referring to Prof. Laycock's students, "who have prurient thoughts," says:—"And these prurient-minded youths will grow up into prurient-minded men, to whom, nevertheless, not the lives only, but the reputation, modesty, and honour of our women are confided. The first time these things suggested themselves forcibly to my mind was some years ago. A crowded meeting of the profession was held for the purpose of depriving a medical man of some celebrity of the membership of the Obstetrical Society on account of malpractices, of a nature too cruel and abominable to allude to here, alleged against him with regard to his female patients. The report of that meeting is contained in The Lancet of May 6, 1867, somewhat toned down for publication, as any one who was present will admit. But some of the statements made, and the bursts of laughter—or, as the French reporters say, *hilarité*—which were elicited by certain portions of the discussions, created a most painful and disagreeable impression on my mind. I could not help thinking that any woman reading that report would be glad to have at least the choice allowed her of employing one of her own sex as a medical attendant in case she preferred to do so." And if any woman had actually heard the discussion, *à fortiori* what effect would it have had upon her mind when it resulted in leading one of the rough sex to publish, after a long interval, such an attack upon his professional brethren and personal colleagues?

But I refer to this matter, not to disparage "Medicus," but to endeavour to confront this anti-æsthetic question, I will not say from a better psychological position, but from one taking into consideration the mental qualities of men and women as they are.

Mill, who of course not only knows everything, but what everyone else does and does not know, states, in his "Subjection of Women," that nothing has been ascertained of the special mental qualities of the two sexes, and that medical men who have the finest opportunities for observation have neglected to use them. If this ignorance really exists, it would seem logical to await better information before we take any important "leaps in the dark."

But it scarcely needed scientific inquiry to become aware that neither ladies with medical aspirations are necessarily immodest, nor that medical men might not carry on a discussion among themselves on a disgusting subject in the discharge of an onerous and odious duty, with "bursts of laughter," and without being in a degraded state of mental grossness. Perhaps the laughing philosopher was not less wise

in his generation than the weeping one; and poor medical mortals are often compelled to do things with a shrug and a grin which might make the angels weep if they saw them. But the man must have very little knowledge of human nature who does not know that there is but half a step between the disgusting and the ridiculous. If the members of the Obstetrical Society had discussed the disgusting details of their professional brother's practice with grave and dissenting faces, and had castigated him in no other manner, the indignation of "Medicus" would have been justly excited; but they turned him out of their Society, and laughed at him into the bargain, and they also left a "most painful and disagreeable impression" upon the mind of one of their colleagues. Does not "Medicus" know how near laughter is to tears, and that a man very often laughs the loudest when he is in "a most painful and disagreeable state of mind"; and that even when long custom has made him insensitive to the most disgusting evidences of poor human animalism, he may retain his own personality of mind and body pure and clean? The opinion that women desiring to study and practise medicine must needs be immodest, seems to me not less unsound than that a laughing doctor must needs be gross-minded. I have indeed heard stories which were thought to support the opinion, and which, I am sorry to say, had the lamentable effect of making me laugh. But I am happy to be able to report that they have not unduly influenced my judgment, which has formed itself upon some observation and study of the peculiarities of the class of self-asserting women of whom these medical women form for the time so prominent a section. Men who cannot distinguish the vast difference existing between the "wild woman," as the Americans call the type, and the fast woman, need to be couched for mental cataract. The fast, immodest woman is, above all things, a sexual and dependent being. All her thoughts and actions hang upon her relations with men. On the other hand, it is the inmost nature of the character of the self-asserting woman to be independent. She needs no other half to complete her being. Her individuality is in high development, if not in excess. She is very generally unsexual to a remarkable degree; the development of the cerebral activities often counterbalancing other functions to a quite unnatural extent. She is preoccupied with aims and objects unconnected with animal desires, and if she very frequently displays want of delicacy, it is not the indelicacy of an immodest woman, but of one obtuse to the influence of certain impressions, and sometimes also defiant of certain customary proprieties. I must not, at present, trespass further upon your space; perhaps I have already written more than enough on these unworthy outside questions, which ought never to have been raised, either by Professor Laycock, or "Medicus," or anyone else. I hope next week to moot a question of much more serious import, bearing upon the fitness of women to practise obstetric medicine.

I have preferred to reply to "Medicus" in your columns, thinking that the subject is far more suited for them than for those of a general paper like the *Pall Mall Gazette*. Indeed it appears to me to be a noteworthy and curious incident that "Medicus" should not have been aware of the immodesty of giving his disgusting description in the columns of a paper for general circulation, while he was so painfully sensitive to the hilarity which his medical brethren indulged in among themselves.

I am, Sir, your obedient servant,

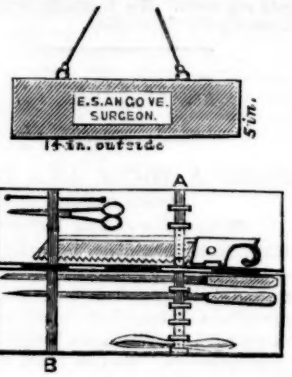
Lincoln's-inn-fields, May 12th, 1870. A MENTAL PHYSICIAN.

ANGOVE'S ACCIDENT CASE.

To the Editor of THE LANCET.

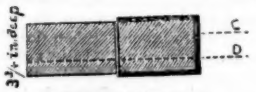
SIR,—The accompanying sketch of my accident case will be found useful, I think, by those of my fellow-practitioners who do the greater part of their work on horseback. The advantages are that it will contain instruments enough for almost any accident, together with lint, plaster, bandages, tourniquet, &c.; and by keeping this stocked and hung up in a handy place you are ready to be off at any moment. It is easily carried on horseback. By taking the instruments &c. out, you have an oblong box, in which you can put what you like, the instruments being only kept in by a leather strap and an elastic band, which do not take up any room in case.

In a mining practice one rarely if ever knows the nature of the accident he is called to; I therefore find it invaluable, being "with my case" ready for the smallest cut or anything else, including an amputation.



Case open.

A, Leather strap passing under leather bands, and over instruments, fastened with buckle. B, Elastic band.



End of case when open.

C, Space left for bandages, lint, plaster, &c.
D, Room taken up by instruments.

Messrs. Arnold and Sons, of 35, West Smithfield, made mine for me; they keep them in stock empty, or will fill them according to order. The cases are made of hard leather, will stand any amount of knocking about, and cost a very small sum.—I am, Sir, your obedient servant,

E. SCUDAMORE ANGOVE.

Ivy House, Camborne, Cornwall, March, 1870.

Foreign Medical Intelligence.

(FROM OUR SPECIAL CORRESPONDENT.)

Animal Vaccination in France and Italy—A New Anæsthetic—A New Hospital at St. Petersburg—Ovariotomy in Italy.

IF the results of animal vaccination have been very unfavourable during the recent epidemic of small-pox in Paris (whether they arise from the insufficiency and bad quality of the virus or the imperfect character of the operation), it appears, on the other hand, that they have afforded the highest satisfaction in Italy. The Italian medical men seem generally to prefer and advocate this practice; and a recent number of *L'Igeia* presents a complete list of the institutions which already exist in the peninsula for the propagation of animal vaccine, and of the efforts which are being made to increase their number. Thus in Naples Drs. Guiseppe Negri and Gennaro Del Peggo keep up the fame of their establishment; whilst Palasciano, the eminent Neapolitan surgeon, warmly advocates the value and superiority of animal vaccine in his *Archivio di Chirurgia*. At Bologna, Dr. Belluzzi, who teaches and practises the employment of vaccination from the heifer, is every day extending the field of his operations. At Venice there exists an animal vaccination committee, headed by Drs. Calza, Duodo, and Nervi, which is doing its best to introduce the exclusive use of animal vaccination into the Venetian provinces, and to generalise the prophylactic practice of revaccination. In Lombardy, the Milanese committee has resumed its operations with the return of spring, and has publicly announced the fact in all the political and scientific journals of the province. The military authorities of Milan have already utilised the working of the committee by having the whole garrison re-

vaccinated, whilst there is a constant demand for the virus by the civil population. At Bergamo, Dr. Galli is in correspondence with the Milanese committee, and commands a constant supply of the virus. At Genoa, the local committee of the Italian Medical Association is now busy preparing the establishment of an office of animal vaccination. The chief medical men and journalists of the city are at the head of this undertaking, and have already sent a deputation to Milan in order to become thoroughly acquainted with the working of the committee and the proper employment of animal vaccination. The municipal authorities of Genoa are determined to expend the necessary sum of money for constantly keeping on hand a sufficient number of heifers. Ancona, Sinigaglia, and very many other towns are also busy preparing the foundation of similar institutions, and it is expected that in a short time the whole country will be covered by a well-organised animal vaccination service.

The wisdom and foresight of the Italian medical men and municipal authorities cannot be too highly praised for the sanitary and prophylactic measures which they are thus organising. In case of an extensive and severe outbreak of variola, such as that which is still raging in Paris, the Italian population will not be subjected to the panic which recently convulsed the Parisians, and will not meet with the insurmountable difficulties which were experienced in the French capital in obtaining vaccinal virus of any kind. There the nosocomial and municipal authorities were led suddenly to discover that the *only* place where a supply of animal vaccine could be obtained was at M. Lanoix's private establishment. They had made no provision whatever in view of an epidemic.

Whilst I am on the subject of animal vaccination and of its failure in Paris, it may be of interest to mention that M. Lanoix has just published a letter, wherein he earnestly invites all the medical men of Paris to hold a meeting, at which the merits and demerits of both kinds of vaccine might be set forth, and some resolution for future practice adopted. He states his belief that, on account of the uncertainty which at present exists from some medical men condemning animal vaccine as ineffectual and others running down human vaccine as noxious, the public now abstains from resorting to vaccination, and that, as a consequence, the number of deaths, which were 102 in the week ending April 16th, has risen to 132 and 166 during the weeks ending April 23rd and April 30th. The medical men of Paris are, therefore, first to consider a certain number of questions which are to be submitted to them according to a formal programme, and next to meet and discuss the results of their experience and cogitations.

M. Sauer, a surgeon-dentist of Berlin, after having performed various comparative experiments with anæsthetic substances, has come to the conclusion that the very best is a mixture of protoxide of nitrogen, chloroform, and atmospheric air. He considers this compound to be free from the dangers attendant on the use of either chloroform or the protoxide alone. The proportions which he advocates and employs are the following:—Liquid chloroform, six grammes; atmospheric air, three-quarters of a litre; and protoxide of nitrogen, sixteen litres.

The Grand Duke of Russia, on attaining his twenty-fifth year, has resolved to celebrate the event by an act of charity and munificence. He has therefore subscribed the sum of 70,000 roubles towards the foundation in St. Petersburg of a hospital for lunatics and incurables, and has further endowed the same hospital with an annual sum of 20,000 roubles.

Professor Pasquale Landi, of Pisa, whose success in ovariotomy I have already had occasion to mention in preceding letters, has just performed the operation on two fresh cases at the hospital of that city. The first case was that of an interstitial fibro-cystic tumour of the uterus, weighing about 10 lb. The second was an ovarian cyst containing about 12 lb. of fluid. The adhesions were very extensive, and on account of this complication the operation lasted about two hours, the patient remaining the whole time under the influence of chloroform. On the 30th of April both patients were doing well.

CONTINENTAL APPOINTMENTS.

France.

M. Daremberg and M. Chauffard have been elected Professors at the Paris School of Medicine. The former will occupy the newly-founded chair of History and Philosophy of Medicine, and the latter the chair of General Pathology.

The French Government has just conferred the title of "Officer of Public Instruction," on the following distinguished medical teachers:—Professors Anglada, of Montpellier; Berthelot, of the School of Pharmacy of Paris; Devallon, of Lyons; Hebert, chief pharmacien to the Hôpital des Cliniques of Paris; Noguès, of Toulouse; Parrot, of Périgueux.

Italy.

The Academy of Medicine of Turin has elected as its president Dr. Pertusio, chief surgeon to the St. Maurice Hospital of Turin, and as vice-president, Professor Delponte.

The Cross of the Crown of Italy has been conferred on Dr. Fernando Verardini for his valuable contributions to the medical literature of Italy.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having passed the final examination for the diploma, were duly admitted Members of the College at meetings of the Court of Examiners on the 17th and 18th inst.:—

Alabone, Edwin William, Hackney.
Benson, Thomas, Newcastle-on-Tyne.
Colborne, John George, Tachbrook-street, Pimlico.
Crompton, Harold, Bury, Lancashire.
Fasken, William A. D., Portsmouth.
Galpin, Richard, L.S.A., Dorchester.
*Henley, Anthony Alfred, L.R.C.P. Edin., Clifton.
Hepworth, William Henry, M.D. Toronto, Toronto.
Jalland, William Hamerton, Nottingham.
Jones, Thomas, Carmarthen.
Ling, Edward Clayton, L.S.A., Saxmundham.
*Lucas, St. John Welles, L.K. & Q.C.P. Irel., Manchester.
Madeley, Edward, Kensington.
May, Walter, Ballickmoyler, Queen's County.
Newstead, James, L.S.A., Bubwith.
Norton, Herbert, Westbourne-grove.
Parsons, Arthur Daniel, Wimbledon.
Pinder, George Holtby, Whitby.
Robinson, Tom, L.S.A., Saxby, Lincolnshire.
Wilkinson, Robert, Newcastle-on-Tyne.
Westcott, William Wynn, L.S.A., Martock.
Wolverson, Thomas, Cannock, Staffordshire.
Yates, Walter Peel, Nottingham.

* Passed in Surgery at previous meetings of the Court, and having subsequently obtained medical qualifications, were admitted Members.

Thirteen other candidates were examined on the above-named days, four of whom passed in surgery, and, when qualified in medicine, will be admitted members. The remaining nine failed to satisfy the Court of Examiners, and were referred to their professional studies for a period of six months.

The following gentlemen passed the primary examination in Anatomy and Physiology at a meeting of the Court of Examiners on April 28th and May 10th and 11th:—

George Bowman, of Edinburgh; William H. Coke, of St. George's Hospital; Thomas B. Armstrong, of the Leeds School; Beaumont R. Conolly and Wm. L. Marley, of Middlesex Hospital; Wm. T. Dinnen and Neville Holland, of St. Bartholomew's Hospital; Horace B. Donkin, of St. Thomas's Hospital; Edward M. Garstang and James Robinson, of the Manchester School; Thomas M. Hope, of the Newcastle School; James C. Parker, of Charing-cross Hospital; William B. Reckitt, of the Birmingham School; John W. Scott, of Guy's Hospital; William A. Stradling, of St. George's Hospital; William A. Sturge, of the Bristol School; George D. Widdas, of the London Hospital; Charles R. Watson, of University College; Walter Bates, of Birmingham; Gerald Bomford, of King's College; G. W. Whittingham, W. Needham, R. T. Morris, A. M. Edge, Thomas Cooke, P. L. Booth, Robert Hartley, E. S. Bishop, H. K. W. Russen, and Wm. M. Shearman, of Manchester; A. P. Boon, of St. Mary's Hospital; A. H. Savory, of Charing-cross Hospital; F. G. Blake, and C. Randolph, of Bristol; J. H. Baker and C. J. H. Warden, of St. George's Hospital; Alfred Hill, W. E. Fulford, and Albert Morton, of the London Hospital; J. L. Johnstone and A. B. Rees, of Liverpool; W. N. Walker and R. G. Breeze, of University College; R. F. S. Taylor, of Sheffield; A. Wilkinson, of Newcastle-upon-Tyne; G. E. Sealy, David Price, William Wallis, and E. S. Robson, of Guy's Hospital; Walter Arthur, of the Westminster Hospital; M. P. O'Leary, J. B. Bradbury, J. L. Davoren, C. A. Bestall, and J. H. Ellis, of Dublin; John Snell, of Leeds; J. O. Smith, of Manchester; A. H. W. Ayling and G. F. Whately, of the Middlesex Hospital; W. C. Heane and G. Bland, of St. Bartholomew's Hospital; H. L. Peregrine, of St. George's Hospital; William Lloyd, of Dublin and Middlesex Hospital; A. J. Amadeò, of Philadelphia and Paris; K. D. Ghose, of Calcutta.

Of the candidates who were examined on April 26th, 27th, and 28th ult., and May 10th and 11th, sixty-six failed to

satisfy the Court, and were consequently referred to their anatomical and physiological studies for a period of three months.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on May 12th :—

Bryant, John Henry, Sussex-square, W.
Hunt, Thomas Henry, Hulme, Manchester.
Morris, John Edward, Gosberton, Lincolnshire.
Toyne, Henry William, Bradford, Manchester.

The following gentlemen also on the same day passed their first professional examination :—

Drew, William Thomas, St. Mary's Hospital.
Garton, William, St. Thomas's Hospital.

At the preliminary examination in Arts, held at the Hall on April 29th and 30th, 46 candidates presented themselves, of whom 17 were rejected, and the following 29 passed, and received certificates of proficiency in general education :—

FIRST CLASS (in order of merit).—1. Joseph Tyson. 2. John H. Badcock and Arthur Littlewood Tate. 3. H. W. Phillips.

SECOND CLASS (in alphabetical order).—Morgan Henry Allen, Edw. Pass Balshaw, Wm. Bickford, Robert Francis Black, Algernon D. Brenchley, Robbert Stratton Coles, John Alfred Dearden, Wm. Gilbert Dickinson, David Herbert Forty, T. P. Greenwood, Samuel White Hodding, Alfred Robert Iles, Timothy Siddall Jones, Harry Martin Lightoller, William Henry Maberly, George Henry Makins, Herbert Elliott Marsh, William Byass Prowse, George Winsor Robinson, William Abraham Ross, John Christopher Rossell, John Burton Rudduck, Arthur Sargent, Henry Stanley Thorpe, and George Wellington.

ROYAL COLLEGE OF SURGEONS OF IRELAND. — At the quarterly examinations held on the 23rd, 26th, and 27th of April, the following gentlemen obtained the licence to practise Surgery :—

Alges, William.
Bolton, William.
Colles, Abraham.
Collot, James A.
Cormack, John C.
Cornelius, Thomas K.
Cullen, Daniel J.
Cullimore, Daniel Henry.
Hoysted, John.
Hughes, William R.
Kennedy, Thomas A.
Knaggs, Samuel T.
Low, George Woods.
O'Sullivan, Daniel.
Ray, John Joseph.
Robinson, Benjamin.
Sullivan, William Price.
Storey, James A.
Tobin, James J.
Waddy, John P.
Ward, Espine C. R.

THE anniversary festival of King's College Hospital took place at Willis's Rooms, under the presidency of H.R.H. the Duke of Cambridge, on Wednesday last. The subscriptions at the dinner amounted to about £3000.

DR. MICHAEL FOSTER, who has for several years successfully conducted the practical physiology class at University College, London, has been elected Prælector in Physiology at Trinity College, Cambridge.

THE METROPOLITAN FREE HOSPITAL held its annual festival on the 18th inst., at the London Tavern, Lord George Hamilton presiding over a company of nearly two hundred. During the year ending December 31st, 1869, no fewer than 80,433 patients were relieved, 47,787 being medical, and 32,646 surgical cases. The gross income for the year was £3744 10s.; but the sum subscribed on Wednesday evening amounted to £3700—the Hebrews subscribing £1010 of the whole.

THE President and Council of the Surgical Society of Ireland have issued invitations for a *conversazione* to be held at the Royal College of Surgeons, on Tuesday, the 24th inst., when it is expected that his Excellency Earl Spencer, among other distinguished guests, will be present.

Medical Appointments.

BEARCROFT, Mr. R. J., has been appointed Dispenser to the Parish of Islington.

BRADLEY, F., L.R.C.P.Ed., has been appointed a Medical Officer to the Leamington Mutual Medical Aid Society.

CUMMING, F., M.D., has been appointed Medical Attendant under the Bradshaw Charity for the families of poor labouring men in the Parishes of Guestling, Pett, and Fairlight, Sussex, vice Wm. Campbell, L.R.C.S.Ed., resigned.

DAVIS, C. J., M.B., has been appointed House-Physician to St. Bartholomew's Hospital.

FENN, E. L., M.B., has been appointed Medical Officer and Public Vaccinator for District No. 8 of the Lexden and Winstree Union, Essex, vice T. H. Fenn, M.R.C.S.E. (his father), deceased.

GOSSE, Mr. C., has been appointed Resident Medical Officer at Charing-cross Hospital.

GROVER, Mr. J. P., has been appointed Resident House-Surgeon at the Brighton and Hove Dispensary, vice E. Noble Edwards, M.R.C.S.E., resigned.

HARRISON, R., F.R.C.S., has been appointed Lecturer on Surgery at the Liverpool Royal Infirmary School of Medicine.

HIND, Mr. H., has been appointed Resident Clinical Assistant at the Hospital for Consumption and Diseases of the Chest, Brompton, vice Dr. Nason, whose appointment has expired.

HUDSON, R., L.R.C.S.I., has been elected Medical Officer for the Ventry Dispensary District of the Dingle Union, Co. Kerry.

HULLAH, R., M.R.C.S.E., Assistant Medical Officer at the City of London Lunatic Asylum, Stone, has been appointed Assistant Medical Officer at the Earlswood Asylum for Idiots, vice G. E. Shuttleworth, M.R.C.S.E., appointed Medical Superintendent of the Royal Albert Asylum for Idiots and Imbeciles of the Northern Counties, Lancaster.

JACKSON, J. H., M.D., has been appointed a Physician to the Seamen's Hospital, Greenwich.

KENNARD, D., jun., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Lambourne or No. 4 District of the Hungerford Union, Berks, and Registrar of Births &c. for the Sub-district of Lambourne, vice P. Arthur, M.D., deceased.

KERSWILL, G., L.R.C.P.L., has been appointed Medical Officer for the Parishes of Lansallos and Talland, in the Liskeard Union, Cornwall, vice Couch, deceased.

KING, D. J., M.D., has been appointed Consular Surgeon to the British Marine Hospital, Pernambuco, vice H. Krause, M.D., deceased.

KING, H. K., M.D., has been appointed Medical Officer for the Welwyn Union, Herts, and the Workhouse, vice R. Warrener, L.F.P. & S. Glas., resigned.

LAW, A. R., M.B., has been appointed House-Surgeon at the Greenock Infirmary, vice W. M'Laurin, M.B., appointed temporary Assistant to the Resident Medical Officer of the London Fever Hospital.

LONG, E., M.R.C.S.E., has been appointed Medical Officer for the 2nd Division of the Hougham District of the Dover Union, Kent, vice Chalk, deceased.

MONCKTON, Mr. M., has been appointed Medical Officer and Public Vaccinator for District No. 4 of the Cuckfield Union, Sussex, vice Holman, resigned.

NORTON, G. E., M.R.C.S.E., has been elected a Surgeon to the Western General Dispensary, Marylebone-road, vice Henry Arnott, F.R.C.S.E., resigned.

NUNNELEY, F. B., M.D., has been elected a Physician in Ordinary to the Western General Dispensary, Marylebone-road, vice Duncan Menzies, M.R.C.P.L., resigned.

PURDON, H., L.R.C.S.Ed., has been apppointed Assistant Medical Attendant to the Belfast Charitable Society's Poorhouse and Infirmary, vice H. S. Purdon, M.D., resigned.

PURDON, H. S., has been appointed a Physician to the Belfast General Hospital, vice J. S. Drennan, M.D., resigned.

REED, J. T., M.R.C.S.E., has been re-elected Medical Officer and Public Vaccinator for the Ryhope and Tunstall District of the Sunderland Union.

RIX, W. K., M.R.C.S.E., has been appointed Resident Surgical Officer at Charing-cross Hospital, vice G. F. E. Towt, M.R.C.S.E.

ROBINSON, Mr. J. D., has been appointed Resident Obstetrical Officer at Charing-cross Hospital, vice Burrows, resigned.

SMITH, H. C., M.R.C.S.E., has been appointed Medical Officer for District No. 1 of the Maidstone Union, Kent, vice G. Sanders, F.R.C.S.E., resigned.

STOKER, W., F.R.C.S.E., has been appointed Medical Officer to the Durham Board of Health, vice G. Shaw, M.R.C.S.E., deceased.

TATHAM, J. F. W., L.R.C.P.Ed., has been appointed Assistant Medical Officer at the Salford Union Workhouse.

VEITCH, W. Y., L.R.C.P.Ed., has been appointed a Surgeon to the North Riding Infirmary, Middlesborough.

WALKER, Dr. A., has been appointed Physician to the St. Pancras and Northern Dispensary, Euston-road, vice H. Beigel, M.D., resigned.

WHITMARSH, W. M., M.D., has been appointed Medical Officer for District No. 8 of the Brentford Union, Middlesex, vice J. Chapman, M.R.C.S.E., deceased.

YOUNG, R., L.R.C.P.Ed., has been appointed Acting Superintendent to the Government Civil Hospital, Hong Kong, vice A. Cochran, M.D., deceased.

Births, Marriages, and Deaths.

BIRTHS.

M'NAIR.—On the 7th inst., at Osbournby, Folkingham, the wife of F. M'Nair, M.R.C.S., of a son.

MOFFAT.—On the 15th inst., at Graham's-road, Falkirk, Stirlingshire, the wife of Robert Moffat, M.D., of a daughter.

VALENTINE.—On the 5th ult., at Jeypore, Rajputana, India, the wife of Dr. C. S. Valentine, F.R.C.S.E., Physician to H.H. the Maharajah of Jeypore, of a daughter.

MARRIAGES.

DUKES—HARFORD.—On the 17th inst., at St. Andrew's, Watford, Clement Dukes, M.B., B.S., of Surbiton, eldest son of the Rev. Clement Dukes, A.M., of Hackney, to Alice Mary, third daughter of James Unwin Harford, Esq., of Watford, Herts.

GODWIN—DUFFIELD.—On the 12th inst., at Risca, near Newport, James Godwin, M.R.C.S.E., of Twyford, to Mary Jane, daughter of the late W. Duffield, Esq.

DEATHS.

DASENT.—On the 26th of March, Bury Irwin Dasent, M.R.C.S.E., of Enmore, Trinidad.

MEYER.—On the 9th inst., at Exeter, suddenly, John Meyer, M.D., Superintendent of the Criminal Lunatic Asylum, Broadmoor, Berkshire, aged 55.

NASMYTH.—On the 12th inst., R. Nasymth, F.R.C.S.Ed., of Charlotte-square, Edinburgh, aged 78.

RICE.—On the 14th inst., Bernard Rice, M.R.C.S.E., of Ashted, formerly of Birmingham, aged 75.

WILKINSON.—On the 13th inst., at Spalding, Lincolnshire, William Cradock Wilkinson, F.R.C.S., aged 69.

Medical Diary of the Week.

Monday, May 23.

ST. MARK'S HOSPITAL.—Operations, 2 P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

Tuesday, May 24.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Seeley, "On History."
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8½ P.M. Dr. Stokes, "On Supra-Condyloid Amputation of the Thigh." — Dr. Bowles, "On the Pathology and Treatment of Stertor."

Wednesday, May 25.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.

Thursday, May 26.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Principal DAWSON, "On Primitive Vegetation of the Earth."
QUEKETT MICROSCOPICAL CLUB.—8 P.M. Mr. Waller, "On the Conjugation of Actinophrys Sol."
CLINICAL SOCIETY OF LONDON (last meeting of the session).—8½ P.M. Mr. Paget, "On a Case of Necrosis of the Femur without External Inflammation." — Mr. Barwell: "Reports of Four more Cases in which Concentrated Solution of Strychnia was Subcutaneously Injected."—Report by Mr. Callender and Mr. Kesteven, "On Action of Copper on the System."—Report by Drs. Bäumler and Duffin and Mr. Berkeley Hill, "On Oscillations of Temperature in Syphilis."

Saturday, May 28.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Grant, "On Comets."

Notes, Short Comments, and Answers to Correspondents.

Inquirer.—A coroner cannot summon jurors from a county adjoining his own. "It is necessary that the jurors should be good and lawful men of the county." (*Jervis.*) The law is very clear about the duty of a juror to attend; but it says nothing as to his being paid for attendance. The general custom is to pay one shilling to each juryman. In some places—e.g., Nottingham—nothing is paid, and there are no means of enforcing payment for loss of time. The attendance is one of the common unrewarded duties of citizens. A coroner has no jurisdiction beyond his own county. Counties are now divided under 7 & 8 Vict. (1844), c. 92, and each coroner, although still a coroner for the county, holds inquests only in his own division, except in case of a vacancy in an adjoining division. We have answered the third question in answering the first. The shilling paid to jurors in most counties is paid as a matter of custom or favour; but we know of no law for insisting on it as a right.

Mr. John Dougall's (Glasgow) paper shall receive early publication.

SALIVATION DURING PREGNANCY.

To the Editor of THE LANCET.

SIR,—I fear your correspondent's patient will derive very little aid from medicine. The excessive salivation is due to reflex action, and, until the cause is removed, no cure will result. A woman in the Norfolk and Norwich Hospital, under the care of the late Dr. Ranking, secreted four pints of saliva in twenty-four hours. Every known remedy was tried locally and generally without effect. It ceased the day after her confinement.

Yours truly,
Norwich, May, 1870. CHARLES WILLIAMS, F.R.C.S.

HEALTH OF EASTBOURNE.

THE Rev. E. D. Cree, Vicar of Upper Tooting, unmindful of the maxim that *qui s'excuse s'accuse*, has written a letter to *The Times*, dated from Eastbourne, for the purpose of giving an "unqualified contradiction" to the rumoured prevalence of fever in that town. Mr. Cree says that Eastbourne "is remarkably free from anything of the kind," meaning fever of any sort, we presume; but the last Quarterly Return of the Registrar-General seems to tell a very different story. We there find that in the registration *sub-district* of Eastbourne, 106 deaths were registered in the three months ending 31st March last, against an average of 62 deaths registered in the corresponding quarter of the three previous years; and that out of those 106 deaths, no less than 36 were caused by scarlet fever alone. We are aware that the *sub-district* includes a much larger area than the *town*; but the effect of eliminating the outside parishes (which we have no means of doing) would most probably be to show an increased proportion of scarlet-fever deaths for the town. When scarlet fever is epidemic, it is not always easy to trace a relation between its existence and bad sanitary conditions of a specific character; but the fact that in any place it has caused one-third of the total mortality gives warrant for the supposition that sanitary defects must have materially influenced the results. Of course we should argue in this way if the case in point were that of a town about whose sanitary condition we had no evidence before us; but as regards Eastbourne, Dr. Thorne's Report has demonstrated that grave sanitary defects exist, and we cannot resist the inference that to them is due in greater or less degree the exceptionally fatal prevalence of scarlet fever. There do not appear to have been any deaths registered during the quarter from typhoid fever in Eastbourne; but it by no means follows that the town was "free" from that disease. We observe with regret that there is a party in Eastbourne who cannot conceal their chagrin at the collapse of the "hushing-up" policy. We have before us the *verbatim* report of a paper lately read by a Mr. C. Verral at a select meeting of the inhabitants upon "The Past, Present, and Future of Eastbourne." This gentleman was exceedingly bitter against those "black sheep," those "malevolent and vicious" fellow-townsmen, who had been the means of bringing the Privy Council Inspector down. The character of the town as the healthiest spot in all England had, according to Mr. Verral, been lost by the machinations of the enemy within the gates; it was never a healthier town than at the present moment, but the difficulty was to make the public believe it. Exactly so; that is the difficulty, but for the reason that the inexorable logic of facts is against that belief, and against Mr. Verral's view of the case. He has an idea that public confidence can be restored by the following means:—Firstly, he would bring such "united moral pressure" to bear upon those who would "so grossly damage and injure their fellow-townsmen" by "acting the traitor's part" as would effectually prevent the nakedness of the land from being ever again exposed from within. We hope the Eastburnians are a mildly dispositioned folk, and that their ideas of "moral pressure" will not exactly take outward expression in the decidedly physical manner adopted by those "ancients," the Greeks, Phœnicians, *and Californians*, whose procedure in analogous cases was referred to approvingly by Mr. Verral. But the grand device for reinstating Eastbourne in its legitimate position as the healthiest spot in England is a master-stroke. "You must," said the oracle, "organise a good system of keeping yourselves ever before the popular eye," and this is to be done by "a judicious system of advertising," the advertising being all planned by one man, and submitted before publication to the supervision of a committee. Really this is all very ridiculous. Seaside visitors are not to be caught with such very poor chaff; and we trust that the Local Board will steadily follow up the practical suggestions of Dr. Thorne, instead of being led away by the vagaries of Mr. Verral. Let the town strain every nerve to show a clean bill of health, and there is no fear about its lost character being restored, without the aid of puffing advertisement.

INTOLERANCE OF IODIDE OF POTASSIUM.

To the Editor of THE LANCET.

SIR,—Besides diminishing the dose, say to two or three grains, your "Country Subscriber" would, I think, find greater tolerance and greater benefit from the iodide of potassium were he to adopt three other rules:—To dilute the dose to a wineglassful; to give it with a vegetable bitter infusion, or citrate of iron and quinine (two grains), with or without an alkaline carbonate, and with a little ginger or aromatic; to give it directly after meals, or one dose might be dissolved in his broth or soup.

Yours faithfully,
May, 1870. N. B.

J. C. L. is thanked. Certainly the successor to Dr. Kemptherne in the Bethlem Royal Hospital should be a man of mature years and practical experience.

THE USE OF THE UVULA.

To the Editor of THE LANCET.

SIR,—Some time ago a letter appeared in your journal from Dr. C. B. Garrett, asking the pertinent question of "what use is the uvula?" It appears to me that the object of the uvula is to retain and concentrate the sonorous column of air in the cavern of resonance made by the mouth—to economise sound-waves, in short,—speech, of course, being, or rather should be, as singing is, the moulding of a quality created elsewhere into words. In support of this hypothesis, I state that amongst my pupils for voice production I have had two who had previously had the uvula removed; the voice of each one of these possessed a nasal twang, which a most careful study of the voice made to impinge at the most obtuse angle failed to remove.

I am, Sir, yours truly,
Edgbaston, May, 1870. CHARLES LUNN.

OBSTETRIC AMENITIES.

Mr. W. R. and *Mr. F. A. C.*—The practice varies in different neighbourhoods, and it should vary according to circumstances. If a medical man is frequently out of the way, or chooses to take more midwifery cases than he can reasonably be expected to attend personally, his neighbours may well apply the principle of sharing fees with him; or in a case where another practitioner has been long and anxiously detained, it might be quite proper to apply that principle. But in such a case as that submitted to us, and in a neighbourhood where the principle of doing a neighbourly service for a brother practitioner happily obtains, we should be sorry to see it departed from. "F. A. C." has in one month had twice to attend cases for brother practitioners, and this is often very inconvenient, and sometimes irritating; but in a case of his own a brother practitioner had to attend. A fellow feeling should make us kind. Surely we should be ready to help each other for the mere love of doing so. It is not unfair to ask for half the fee; but it is generous and befitting the great profession we are members of to act for each other in emergencies without the introduction of any money consideration.

SIR JAMES YOUNG SIMPSON, BART.

An accomplished correspondent, whose initials will be at once recognised by scholars of the profession, sends the following:—

PROMETHEUS.

(*Our lamented Sir James Simpson was the subject of angina pectoris.*)

I.

"Ah me! alas! pain, pain, ever, for ever!"
So groaned upon his rock that Titan good,
Who by his brave and loving hardihood
Was to weak man of priceless boons the giver,
Which e'en the supreme tyrant could not sever
From us, once given;—we own him in our food
And in our blazing hearth's beatitude;
Yet still his cry was "pain, ever, for ever!"

Shall we a later, harder doom rehearse?
One came whose art men's dread of art repressed;
Mangled and writhing limbs he lulled to rest,
And stingless left the old Semitic curse;
Him, too, for these blest gifts did Zeus amerce?
He, too, had vultures tearing at his breast.

II.

Hush! Pagan plaints, our Titan is unbound;
The cruel beak and talons scared away;
As once upon his mother's lap he lay,
So rests his head august on holy ground;
Spells stronger than his own his pangs have found;
He hears no clamour of polemic fray,
Nor recks he what unthankful men may say;
Nothing can vex him in that peace profound.

And where his loving soul, his genius bold?
In slumber? or already sent abroad
On angel's wings and works, as some men hold?
Or waiting Evolution's change, unawed?
All is a mystery, as Saint Paul has told,
Saying: "Your life is hid with Christ in God."

Clifton, May 13th, 1870. J. A. S., M.D.

Tria Juncta in Uno.—We are a Dis-united rather than a United Kingdom in respect of many of our official publications, which come out at different times and in different forms, even when they relate to the same subject. We cannot tell whether the Scotch and Irish Registrars-General intend to recast their Quarterly Returns on the new English model; but that they ought to do so there can be no question.

TEST FOR ALBUMEN.

To the Editor of THE LANCET.

SIR,—I see by THE LANCET for April 30th, p. 644, that a certain solution of carbolic acid is termed by Dr. Drysdale, "Dr. Tidy's new test for albumen." Perhaps you will allow me to call Dr. Tidy's attention to an article by M. Méhu in the *Journ. de Pharm. et de Chimie*, Feb. 1869. M. Méhu there enters fully into the merits of a reagent which, after numerous trials, he found a most satisfactory test for albumen. The proportions he gives are—Phenic acid (carbolic acid), one part; acetic acid of commerce, one part; alcohol at 66 per cent., 2 parts. He employs this solution both as a qualitative and quantitative test for albumen. It is some months now since I mentioned this test to several medical men, and I tried it with satisfaction at the Adelaide Hospital. M. Maréchal also speaks favourably of it.

Yours, &c.,

Dublin, May 11th, 1870. WALTER G. SMITH.

The Rev. Mr. Willis, who addressed a letter to us a short time ago, will oblige by communicating his address, as we have unfortunately mislaid his letter.

KIRBY'S READY METHOD MEDICINES.

To the Editor of THE LANCET.

SIR,—A correspondent in your last week's number reports that two pills coated by Kirby's process passed but little changed through the bowels. During the last two years nearly all the pills which I have taken or prescribed were prepared by this process, and I am unable to call to mind a single instance in which their effect disappointed me. There is no doubt that pills, however prepared, will occasionally pass unchanged through the intestines. This is not more likely to happen to them when prepared by the admirable process patented by Dr. Kirby than when they are dispensed in any other way.

Your obedient servant,

Sudbury, Suffolk, May 16th, 1870. JOHN C. LYNCH.

STUDENTS UNQUALIFIED AND THE BILL.

A. T.—Clause 23 enacts that "no person who is not qualified at the time of the passing of this Act to be registered shall be entitled to be so registered, unless he has qualifications to practise both medicine and surgery." Our correspondent would have to pass the Conjoint Board if not qualified to be registered before the Bill passes.

Dr. William Alexander's (Burmah) paper shall receive early publication.

ON MATERIAL AND MENTAL LIFE.

To the Editor of THE LANCET.

SIR,—The physical lecturer at the Royal Institution, emulous of instructing us in the germ theory of disease, prefers, for some reason not very apparent, to address us from the columns of *The Times* rather than in professional pages, on Prof. Lister's practice of treating wounds in conjunction with filtered air. "Philosophical physicians," he tells us, "have before now rendered immortal service to the cause of physical science"; and he apprehends that if the opportunity should arise for returning the obligation, the philosophical physician will not scorn the physicist. As an eminent volunteer, he will be listened to, address us from whence he may; but he must submit to the logical sifting we always prepare for at the hands of one another, and without which our separate labours would hardly ever attain to a common interest. Prof. Tyndall has, doubtless, by this time discovered that he has only quitted his safe ground as a physicist to flounder out of his depth in physiology (where, by his own showing, he ought not to have ventured), by assuming as germs convertible by putrefaction into animalcules what he could only know from his experiments to be illuminable dust, susceptible of deposition from the air of rooms by rest, or of being filtered from it by the action of the lungs or the mechanical obstruction of cotton-wool. This admixture of germs with the dust may be a fact; but, so far as he is concerned, it is only supposition, not warranted by the strict reason which alone should guide him forward, and by which he professes to understand himself and make others understand him. By mistaking the supposition for discovered fact, he not only abandons certainty, but makes us acquainted with a discrepancy between his professed and his actual practice, of which he does not seem at all conscious. After asserting in his letter to *The Times* of the 19th April—"in matters of science I always sacrifice the emotions," and by which he only reiterated much that was said before in his essay on "Miracles and Special Providences," to the effect that a philosopher should not allow his "affections to urge his reason to accept the conclusion from which unaided it recoils,"—he enters upon an advocacy of the germ theory of disease with even a boast that so lately as a few months before he had taken "no thought and had but little knowledge" on the subject, and this while eulogising the "exact methods of reasoning and experiment," by which modern science was to make its "influence felt in medicine and surgery."

It does not devolve on me to particularise how much the Professor's letter abounds in ill-concealed emotions; my object being to afford him, as a biologist, an opportunity of telling, if he can, how spontaneous generation could differ from the suspension or postponement of generation in an ovum or a seed for an unlimited period, or until putrefaction, or some form of incubation, or material contact, puts it into active exercise; and to intimate that, in the meantime, he may do well not to confound the life of animalcules with the life, not animalised, of merely growing matter, about which too little care, or none, is ordinarily manifested. Some day it may be understood that all growth or increase of material things by aggregation of molecules, however we may prepare our minds by doctrinally sexualising parts of plants, is truly, so far as matter is concerned, a physical and therefore a spontaneous generation, even to the enlargement of crystals or their multiplication; what shall live animally being determined by the acquisition of life of another kind different from that which is simply material.

We certainly have no evidence that all growth is accompanied by the action of mind, involving those moral attributes of consciousness and intellect that we sometimes vainly try to assimilate with what in growing matter we call sensitiveness and irritability, and which no more constitute animal life than the physical properties of a magnet or an electroscope, which have no growth. In the mental life no germ, however perfect it may be, participates; or it would be, not animal matter only, but an individual animal, with a mental life to lose by death. The merely material life, destitute of mental consciousness, is susceptible of what may be logically regarded as spontaneous generation—a simple springing into growth, or organic existence, of a new aggregation of parts; and of such is everything which is growing or corporeally increasing. Germs and seeds are not even materially alive; for, whether large or microscopically small, they never grow until they begin to live either animally or vegetably; and so great is the diversity of growing creatures, that what begins with vegetable life sometimes ends with animal or mental life, as when the *Æthalium septicum* quits its fixedness to locality for the personal responsibility of locomotion and choice of food, to live and die with a mind as other animals. When animal life ceases, material life merely continues, necessarily uninfluenced by it, and under a change of form.

Science has not a vocabulary of terms suited to all its distinctions; but by application of such as it has, under suitable definitions, nature may be comprehended. For want of a second word I have distinguished the life which we perceive in animals from the growth which it sometimes accompanies by the expression *mental life*; but it must be perfectly understood that by the term I mean something that is different from material life, and that may not be distinguished as spiritual or moral without a caution against misunderstanding.

If your readers take an interest in this subject, I shall have much to say in returning to it, as its investigation has occupied a considerable portion of my research since, in 1829, I broached it to Dr. A. B. Granville, becoming about the same time a contributor to these pages, when such novelties were too far away in the distance to engage general attention; and I will take the opportunity with which the occasion will present me to prove that a writer unspoiled by adulation may so far hold his predilections in abeyance as not to suffer them to interfere with his logic. Argument, however, when it reaches beyond common-place details, by embracing unthought-of principles, may require to be the more carefully pondered, simply on account of needing to be logically mastered; and as what I have to say will demand more than a cursory reading, I would strenuously bespeak for it a searching investigation, believing nothing else but that to be wanting for overcoming the only difficulty that can lie in my way; for, though I have much to prove, the proof has long been ready.

I remain, Sir, yours faithfully,

Brighton, April 30th, 1870. RICHARD LAMING, M.R.C.S.

THE CENSUS OF 1871.

A CORRESPONDENT calls our attention to an allusion lately made by a medical contemporary to the date of the next census. The journal referred to has "heard it stated" that the census is to be taken on Good Friday of next year, and has therefore deemed it necessary to impress upon the Registrar-General "the utter uselessness it will be for all death-rate purposes as connected with sanitary work." It is perhaps hardly necessary to say that the census day is not yet fixed, or that the Census Commissioners understand their business better than to decide upon a day when so large a proportion of the population is likely to be away from home as on Good Friday. The census will be taken in 1871, as in 1861 and 1851, upon a Sunday night late in March or early in April; but the exact date is at present undetermined.

Vindicator.—The principal would legally be entitled to the fee. There might, of course, be reasons why he should, however, give up or divide it.

SUDDEN DEATH AFTER CONFINEMENT.

To the Editor of THE LANCET.

SIR,—A similar case to the one alluded to under the above title in a recent number of THE LANCET having occurred to me, I have taken the liberty of forwarding particulars of my case; and, as the immediate cause of death was elicited at a post-mortem, it may be interesting and instructive to some.

E. M. S——, aged twenty-six, unmarried, in labour with her first child, had for some time been subject to slight rheumatic pains, and shortly previous to or during her pregnancy had contracted syphilis. Her labour terminated naturally within six or eight hours; she daily gained strength, suckled the child, and at the end of the second week had sufficiently recovered from her confinement to get about her room. On the morning of the twentieth day, while sitting up in bed, she was seized with intense pain in the region of the heart, and died almost instantly.

I made a careful autopsy, and found a large fibrinous clot in each ventricle—one partly attached to the wall of the right ventricle, extending into the pulmonary artery for nearly two inches; the other attached to the left ventricle, and occupying the aorta for about an inch. The clots had not the appearance of coagula, which, becoming detached from veins, find their way into the heart by the inferior cava; nor had they been deposited during a syncopal state; but were distributed nearly equally in both ventricles, doubtless produced gradually during life as a result of an altered condition of the blood.

Yours respectfully,
W. H. PYWELL, M.R.C.S., &c.

Westminster Bridge-road, May 11th, 1870.

I. O. P. D. is thanked for fresh favours; but seeing that the subject of quacks and quackery grows under his hand, we recommend him to publish a book on it, which cannot fail to have the twofold merit of being interesting in itself, and conducive to the protection of the public and the profession.

Tempus Dormio.—Twenty guineas per visit.

THE LATE DR. HODGKIN.

To the Editor of THE LANCET.

SIR,—Those of your readers who were acquainted with the late Dr. Hodgkin will be gratified to learn that there has recently been erected in the Cemetery at Jaffa an obelisk of Syenitic granite, about six feet high, standing on a rectangular pedestal of about two and a half feet, and bearing the following inscription:—

"Here rests the body of Thomas Hodgkin, M.D., of Bedford-square, London, a man distinguished alike for scientific attainments, medical skill, and self-sacrificing philanthropy. He died at Jaffa, the 4th of April, 1866, in the 68th year of his age, in the faith and hope of the Gospel.

'Humani nihil a se alienum putabat.'

The epitaph inscribed by his deeply sorrowing widow and brother to record their irreparable loss."

On the obverse is the following:—

"This tomb is erected by Sir Moses Montefiore, Bart., in commemoration of a friendship of more than 40 years, and of many journeys taken together in Europe, Asia, and Africa."

I may add that I saw the monument on my way through Palestine in February last.

Your obedient servant,
Medical Club, May 6th, 1870. W. DORBIT STONE, M.D., &c.

A CORRESPONDENT, referring to a paragraph in the papers, headed "Mysterious Disappearance of a Nurse and Child," makes a suggestion for facilitating the recognition and detection of a criminal in such cases. He advises that every lady, when she engages a nurse-maid, should not only have her character, but her photograph.

Dr. Garrett, (Hastings.)—The lady referred to need not give way to alarm, for no such misapprehension is likely to arise.

A FULL DOSE OF IRON.

To the Editor of THE LANCET.

SIR,—While in temporary charge of the practice of my friend Mr. Thos. Prangley, of Aldborough, near Norwich, the following somewhat extraordinary circumstance occurred, which may perhaps be worthy of publicity.

F. H——, a man of about forty years of age, swallowed an iron door-key, about 4½ inches in length, and weighing 9 drachms. I saw the man on the morning of the 24th ult., and on examination detected the key in his stomach. I saw him again on the following day, and, the key had passed from the stomach into the small intestines. On the 28th the key was in the rectum, from which it was extracted at 4 P.M. Beyond some amount of pain in the stomach during the time that the key remained there, and greater pain as the key passed along the small intestines, the patient suffered little. The only treatment adopted by myself was small doses of castor oil, in order to keep up gentle action of the bowels.

This same man swallowed an old-fashioned penny-piece some years back. He has been from his birth the subject of dementia.

I am, Sir, your obedient servant,
Cambridge, May, 1870. E. C. ANDERSON, Surgeon.

Student.—We cannot speak as to the proper way of using the instrument in question; but a very good way would be to keep it carefully put by in some inaccessible situation. The proper treatment of prolapsed funis is by position. As soon as the prolapse is discovered, the patient should be made to kneel on her bed, with her thighs almost vertical, and her shoulders as low as possible. In this position the cord may be readily reduced between the pains; and, when reduced, it will glide away to the upper part of the uterus. The position should be maintained during one or two pains, and the return to recumbency made while a pain is in progress. We are sorry that we cannot at the moment remember to whom the merit of first suggesting this simple and excellent plan is due.

Mr. A. E. De Lisle.—Grossmith, 175, Fleet-street; or Pratt, 420, Oxford-street.

A VISIT TO THE DENTAL HOSPITAL.

To the Editor of THE LANCET.

SIR,—Lest any member of the profession should think of paying, once in a way, a stray visit to the Dental Hospital in Soho-square to hear a lecture and witness the practice for an hour or so, it may be well to warn him of the sort of reception he is likely to meet with.

Invited by a student friend, I took the trouble to walk over there (some four miles from my house) last Monday by 8 A.M., and was introduced to the lecturer for the day, who received me very blandly until he was informed that I was not, and did not intend to become, a regular student, but wished merely to form one of the audience that morning. I was then curtly informed, without a single apologetic or kindly word of regret, that such a thing could not be allowed; whereupon I left very quickly the inhospitable place.

It is several years since I attended a lecture in an hospital or college, and I will not be readily tempted to do so again—at least if delivered in this exclusive corner of Soho-square. I have, however, had occasion to attend many lectures on Arts and Medicine in my day, and to listen to many famous professors and lecturers; but I am happy to say I never experienced or heard of treatment such as that to which I was uncourteously subjected in this obscure class-room. As I was a perfect stranger to this lecturer, I should wish to know whether such exclusivism is commonly practised in London? and if so, to ask you whether, in your opinion, it be not both ungenerous and contemptible?

Yours truly,
Islington, N., May 10th, 1870. M.D. EDIN.

Eucsia.—The principal is evidently as much entitled to the presence and testimony of the assistant in court as to his time and services in a professional capacity. If the assistant had left the employment before the trial, he would, of course, be entitled to be paid as a witness.

Mr. F. W. Lowndes is thanked for the papers sent in reference to "Hospital Sunday" in Liverpool.

Enquirer.—Dr. Churchill's Manual and Parkes's Hygiene would probably suit our correspondent's purpose. There is a work advertised in our columns on "Disease Germs," by Dr. Lionel Beale.

MEDICAL EDUCATION FOR WOMEN.

To the Editor of THE LANCET.

SIR,—May I ask you kindly to publish the annexed list of petitions in favour of the medical education of women, which have been already sent up to the House of Lords in the very short space of time that has elapsed since our first circulars were issued? As nearly all the promoters of the petitions and the majority of those who have signed them are women, themselves in no way connected with the medical movement, I will ask your readers to judge whether the facts bear out "Mater's" assertion, that the "wives and mothers of England" are against the cause we espouse.

Your obedient servant,
S. M. K. KINGSLEY, Hon. Sec.

Morningside, Edinburgh, May 9th, 1870.

Petitions on the subject of the medical education of women have been presented to the House of Lords during the past week from the following places:—Manchester, Bristol, Leamington, Street (2), Rathmines, Leicester, Kenilworth, Brinscombe, Dublin, Guildford, Hastings, St. Asaph, Warwick, Ambleside, Kingston, Chantry, Congleton, Exeter, Hayward's Heath, Coniston, Bromsgrove, Alderley, Edge, Ancoats, North-West London, Southport, Islington, Cheltenham, Kentish-town, Edinburgh, and Kelso. Petitions numerously signed by medical men favourable to this movement will shortly be sent in, as well as several others, of which notice has been sent to me as being quite or nearly ready.

An Old Subscriber.—The registration of foreign degrees by the new Bill is left very much in the discretion of the Medical Council. They have to be placed in a special list. The Bill will not compel men to remove or discontinue the titles; but it will not require them to be registered, except on special conditions to be laid down by the Council.

W. H. H.—1. There is nothing remarkable in the circumstance alluded to.—2. It might have that effect.

AN EXPLANATION REQUIRED.

To the Editor of THE LANCET.

SIR,—On looking through our local paper, the *Hereford Times*, which I have just received, I was much surprised to find that nearly a column of the department devoted to *district news* was filled with a reprint from last week's LANCET. It commences thus:—

"Rhymney.—Two cases of Perforation of the Stomach; one recovery. By T. Hall Redwood, M.A., M.D.—From THE LANCET."

Then follows a full report of the cases, the symptoms noted from day to day, the medicines given, the appearances presented at the autopsy in the case which terminated unfavourably, ending with "other Rhymney *news* at page 11."

I have not the pleasure of Dr. T. Hall Redwood's acquaintance—indeed I never knew there was a member of the profession bearing that name until I saw a report of the cases in last week's LANCET; but I feel sure he will be glad that I have thus publicly called attention to this very objectionable notice, as it will give him the opportunity of as publicly denying that it was inserted by his authority.

Yours obediently,
Presteigne, May 14th, 1870. H. K. DEBENHAM.

Veritas.—We think the essential point in any Bill is to draw a distinct and palpable line between qualified and unqualified practitioners. According to the present appearance of the Bill and its amendments, such a distinction will be more difficult than ever. The public will always have a taste for a little quackery, and there will always be quacks to accommodate themselves to its ignorance and prejudice. So long as they do not assume false titles, we must just submit, and be sorry for the public.

In Medio.—Both are correct.

Mr. Robert Platt.—No smaller charges could be made by any practitioner who maintained the dignity of his profession.

DYSURIA, ETC.

To the Editor of THE LANCET.

SIR,—I would recommend to your correspondent, "M.D.," of the 7th May to try the undernoted prescriptions, which I have found most efficacious in relieving, if not absolutely curing, that irritable condition of the bladder which occurs in old men, and which is accompanied by constant dribbling of urine. I entertain a strong hope that if "M.D." tries my prescription, he will be successful in relieving his young patient, and I shall be glad through your columns to hear that he does so. The prescriptions are—One ounce of triticum repens, to be infused in a pint of boiling water, and the half of the infusion to be drunk at intervals during the day; the other half to be used next day. Continue this for some time. Nitrate of furfurin, sixteen grains; extract of belladonna, one grain; hyoscyamus, sixteen grains: mix well, and divide into eight pills; one to be taken night and morning.

Yours obediently,

May, 1870. SCOPUS.

To the Editor of THE LANCET.

SIR,—In answer to the query of "M.D.," the probability is that the case referred to is one of ascarides infesting the lower bowel. I have met with the same alarming symptoms in many little patients, where the irritation produced was most painful to witness. My usual plan is to throw up per anum an injection, once or twice a day, of strong infusion of quassia. The effect produced is most speedy and satisfactory. In the particular case described by "M.D.," it would be as well to wash out the vagina with the infusion. In nine cases out of ten, incontinence of urine in young children is due to the same cause, and which, much more frequently than is supposed, is the origin of grave complications, and much infantile suffering.

I remain, Sir, yours, &c.,

Barnstaple, May 18th, 1870. C. J.

To the Editor of THE LANCET.

SIR,—If "M.D.'s" case be not dependant on stone or rectal disease, I would try at night, or at night and once during the day, one or one and a half ounces of infusion of matico, with or without bromide of potassium and belladonna. Gentian or the like, with a little rhubarb and saccharated lime or liquor bismuthi, might be useful before a couple of the meals until the hæmaturia and other symptoms are lessened, and then, and not till then, the citrate of iron and quinine, phosphate of iron, and hypophosphite of soda (two grains) would probably be of advantage at or directly after any two meals. Should the matico prove useful, and then cease in effect, I would recommend a trial of Grimault's capsules of copaiba and matico.—Yours, &c.,

May, 1870. N. B.

M.D., (Herefordshire.)—We are of opinion that our correspondent cannot stand by his refusal to produce particulars. A general practitioner's fees are not, like a physician's, of the nature of *honoraria*, but legal charges for definite services, the particulars of which it is quite competent to a patient to ask for. In the present case neither the motive nor the action of the patient is honourable to him, but he is not acting beyond the limits of his rights.

INFANTILE FEEDING AND MORTALITY.

To the Editor of THE LANCET.

SIR,—In THE LANCET of April 30th, you gave a short notice of a book by Dr. Norton, of Putney, on "Infantile Diseases," in which you say that "to a certain extent he proves his case." Having read the work, and being much struck with the points raised therein, I write to ask if it be not surely worth while to obtain by experiment an authoritative settlement of such important questions? For if Dr. Norton is right, an immense saving of mortality and misery would inevitably result, and a few short months might practically elucidate the truth more clearly and certainly than any amount of written argument.

Perhaps some of your numerous readers having a number of infants under their control might avail themselves of their opportunities to decide whether Dr. Norton be right or not. In any case, considering the present fearful mortality among infants, the subject seems to be too important to be allowed to drop, and any reasonable suggestion should, I think, be fairly tested.

I am, Sir, yours obediently,

Guy's Hospital, May 9th, 1870. A FOURTH-YEAR'S STUDENT.

A CORRESPONDENT wishes to know how he can procure a copy of the pamphlet containing the series of letters, on the "Reorganisation of the Army Medical Department," which passed between a Colonel commanding and the Principal Medical Officer of the Cape command.

Mr. Metcalfe Johnson, (Lancaster.)—The engraving shall be executed, and the paper inserted.

UNIVERSITY OF BONN.

WE have been requested to insert the following statement:—

Judging from numerous applications that have been addressed to the "Decanat" of the Medical Faculty at Bonn, the English medical public appears to hold the opinion that the doctor's degree at a German University is attainable to foreigners by paying a certain sum of money, and that a smaller amount of knowledge is required from them than from German students. It is, therefore, announced herewith that the conditions for obtaining a doctor's degree at Bonn are exactly the same for foreigners as for Germans. The candidates have to undergo an "examen rigorosum" in German, which lasts several hours; besides having to write an "original scientific dissertation" in German or Latin, which must be at least 32 pages in length.

PROFESSOR DR. RINDFLEISCH,

May, 1870. Dean of the Medical Faculty at Bonn.

Juvenis.—A case of the nature related is, as our correspondent remarks, a very lamentable one, and he will require to exercise all his discretion and judgment in the moral management of it. Supposing that there is nothing to contraindicate the use of mercury, we should certainly feel strongly disposed to administer it to both patients. The bichloride in small doses would probably be best, as there may exist some obvious reasons against using the mineral externally or in the form of vapour. If our correspondent has any doubts as to the right course, let him get his patients' permission for him to consult with some medical man of eminence, in whose character, experience, and judgment he has confidence.

Veritas.—The subject of our correspondent's vivacious letter will be discussed in all its bearings next week.

THE MEDICAL BILL AND PRESCRIBING DRUGGISTS.

To the Editor of THE LANCET.

SIR,—I see in your number of May 7th that the Medical Acts Amendment Bill has passed a second reading in the House of Lords. It provides penalties to which persons render themselves liable who, directly or indirectly, falsely represent themselves to be qualified medical practitioners; but I have not yet seen any clause inserted to protect the profession against those who practise, but who do not profess to hold any qualification whatever. I at the present time know of a chemist who has one of the best midwifery practices in the neighbourhood, and who gets more by over-the-counter practice than many a practitioner does who, after years of toil and expense, has gained his degree. This man, to my certain knowledge, has never attended a lecture or seen a day's hospital practice in his life. Now that Parliament is taking into its serious consideration the question of medical education, and enforcing a uniform and searching examination, it would be very desirable to protect those so qualified from such as I represent; or if such protection is not granted, it would be far more lucrative to be a prescribing chemist than a legally qualified medical practitioner.

I am, Sir, yours very truly,

May 9th, 1870. M.R.C.P.E. & M.R.C.S.I.

Mr. H. W. Fugge, (Lutterworth.)—We have repeatedly condemned the practice of circulating printed testimonials. Even in competitions for public appointments the custom is falling much into disuse, and as a mere advertisement it is wholly unworthy of any member of a learned profession. The advertiser in the present case could with propriety call himself "Dr." in this country if his foreign degree is registered, but not otherwise. With regard to the value of the testimonials, we can only say that we ourselves should consider them all equally worthless. "Good wine," moreover, "needs no bush."

Mr. G. Gustavus Santos.—The two medical practitioners may live in the same house.

Sufferer (Llanfyllin) will confer a favour by rewriting his letter to us, which has accidentally dropped aside.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Murchison; Mr. Weeden Cooke; Mr. Francis Mason; Mr. Metcalfe Johnson; Dr. Hall; Dr. Clifford Allbutt, Leeds; Mr. Skey; Mr. Butterfield; Dr. Whatmough, Cinderford; Mr. Rich; Mr. Truman; Mr. De Lisle; Mr. Crump, Wallingford; Mr. Willman, Middlesboro'; Mr. Thurstan; Dr. Davies, Maesteg; Dr. Finlay; Dr. Jay, Northwold; Dr. McDougall, Glasgow; Mr. G. Jones, Welshpool; Mr. De Jersey; Dr. Matthew; Mr. Knight, Market Harboro'; Mr. Davis, Wells; Mr. Simson, St. Leonards; Mr. Dempsey; Mr. Barton, Ipswich; Mr. Harrison, Ripon; Mr. Edwards, Hailsham; Mr. Singleton; Mr. Miller, Barnsley; Mr. Robinson; Mr. McNair, Osbournby; Dr. King, Pernambuco; Mr. Campbell; Dr. Symonds, Bristol; Mr. Harrison, Liverpool; Mr. J. W. Dryland, Kettering; Dr. Alexander, Tounghoo, Burmah; Dr. Young, Hong-Kong; Mr. Brown; Mr. Munroe; Mr. Crook; Dr. Lynch, Sudbury; Mr. Thomson; Mr. Wilson; Dr. Moffat; Messrs. Howe and Co.; Dr. Frain; Mr. Woolley, Heanor; Mr. Holmsley; Mr. Galton; Mr. White; Mr. Norton; Dr. Richards; Dr. Woodhouse; Mr. Townley; Dr. Valentine, Jeypore; Dr. Owen; Dr. Smith, Dublin; Mr. Jones, Dolgelly; Mr. Fraser, Agra; Dr. Martin; Mr. Whalley; Mr. Blackett; Mr. H. Hayman, Rugby; Mr. McBean, Weston; Dr. Veitch, Middlesboro'; Dr. Garrett, Hastings; Dr. Williams, Norwich; Mr. Lane, Chigwell; Mr. Howard; Mr. Walke, Corwen; Mr. Kilner; Mr. Norris; Mr. Wade, Cromer; Rev. B. W. Gibsone; Mr. Purdon, Belfast; Mr. Heane; Mr. Hooder; Dr. Duncan, Edinburgh; Dr. Yeo; Mr. Debenham, Presteigne; Mr. Air; Messrs. Fox and Co., Scarborough; Mr. Bernard, Bristol; Mr. Walters, Clifton; Mr. W. F. Teevan; Mr. Gore, Sierra Leone; Rev. E. A. Sall, Kendal; Mr. Green; Dr. Elliot, Stafford; Mr. Oliver; Dr. Wood; Mr. Kennett, Hastings; Mr. Findlater, Harlech; Mr. E. Smith; Mr. J. Boyd, Lanark; Mr. J. Holgate, Rochdale; Mr. Macnab, Glencross; Mr. Mayne, Harlesden; Mr. Evans, Gateshead; Dr. Pywell; Mr. R. Davis; Mr. Jones, Eckington; Mr. Porter, Fleetwood; Mr. Dearden; F.R.C.S.; A Thirty Years' Reader; A Woman; In Medio; J. F., Hanley; Medicus; H. C.; Delta; Camberwell; An Old Subscriber; A Non-Professional Member of the Sanitary Executive Committee; S. H.; R. H., Pont Blyddyn; ——, Sierra Leone; Juvenis; Scalpel; Enquirer; Boiled Water; S. P.; M.R.C.S.; Vindicator; Nemo; Galen; Zero; M.D.; The Secretary of the Obstetrical Society; Juvenis; &c. &c.

Australian Medical Gazette, Galway Vindicator, Dorset County Chronicle, Rochdale Observer, Hereford Times, Melbourne Argus, Eastbourne News, Huddersfield Times, Eastbourne Standard, Bucks Herald, Parochial Critic, Barnsley Chronicle, Middlesborough Gazette, New York Medical Gazette, North Wales Chronicle, Brighton Gazette, Annali Universali de Medicina, Lancaster Gazette, Leamington Spa Courier, Eastbourne Gazette, Sunderland Herald, Rochdale Pilot, South Bucks Free Press, and *Liverpool Daily Courier* have been received.